



## Medical Information

### CONSENT TO TREAT

This is to certify that, I \_\_\_\_\_, as a parent or guardian of \_\_\_\_\_ (athlete participant), or for myself as an adult participant hereby give consent to RAYBA and its coaches to call 911 as needed, obtain medical care from any licensed physician, hospital, or clinic for the above mentioned participant for any injury that may occur from participation in RAYBA sanctioned events. I also release RAYBA, Board members and coaches of any liability due to injury or illness.

It is recommended that the participant is covered by a health insurance company, Please complete the following below.

Name of Insurance Company. \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent/guardian or adult participant)

Relationship to the participant/Athlete \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street, City, State, Zip Code)

Phone Number (H) \_\_\_\_\_, (W) \_\_\_\_\_, (C) \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone # (H) \_\_\_\_\_, (W) \_\_\_\_\_, (C) \_\_\_\_\_

Physician's Name \_\_\_\_\_, Location, \_\_\_\_\_

List of Medications and Why \_\_\_\_\_

Activity Restrictions and Why \_\_\_\_\_

Please list any medical conditions that should be aware of \_\_\_\_\_

\_\_\_\_\_