

## LTRC Basketball Medical Release Authorization

Parent/Guardian Name: \_\_\_\_\_ Player Name: \_\_\_\_\_

Primary Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies/Conditions: \_\_\_\_\_

I authorize LTRC Basketball representatives to obtain emergency medical treatment for my child if I cannot be contacted promptly. Reasonable attempts will be made to reach the emergency contacts listed in my LTRC registration portal account prior to treatment whenever possible.

I accept responsibility for expenses not covered by insurance and will keep the program informed of any changes to emergency contacts, medical conditions, or insurance coverage.

I certify my child is physically fit for youth basketball activities and release LTRC Basketball, the Lutherville-Timonium Recreation Council, Baltimore County Recreation & Parks, volunteers, and facilities from liability for ordinary negligence. This release does not extend to gross negligence or willful misconduct.

Electronic Signature: Completion of the LTRC online registration constitutes my electronic signature with the same force as a handwritten signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_ Phone: \_\_\_\_\_ Emergency Contact 2: \_\_\_\_\_

Please retain a copy for your records and provide any supporting documentation at the first practice.