

ARD-YOUTH DEVELOPMENT LEAGUE

PARENT VOLUNTEER TO: (CIRCLE ALL THAT APPLY)	<i>COACH</i>	<i>SCOREKEEPER</i>	<i>TIMEKEEPER</i>	<i>OTHER</i>
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COACH REQUESTED: _____

PLAYER'S NAME _____ D.O.B. _____

SCHOOL Of Enrollment _____ GENDER _____ GRADE _____ AGE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME AND PH.# _____
Or Guardian _____ HOME _____ WORK/CELL _____

FATHER'S NAME AND PH.# _____
Or Guardian _____ HOME _____ WORK /CELL _____

Emergency Medical Information

This form should be in the possession of the coaching staff at all practices and games.

Current Medications: _____

List of Allergies: _____

Date Last Tetanus Shot: _____

Family Physician: _____ Phone #: _____

Insurance Company: _____ Policy Number: _____

Additional Contact: _____
HOME _____ WORK/CELL _____

Additional Comments: _____

Parental or Guardian Consent for Coach:

I agree that in the event that said minor requires medical treatment while under the supervision of ARD's personnel in connection with the YDL Basketball program; such supervisor may authorize treatment.

Parent/Guardian Name (print) _____

Signature _____ Date _____

E-Mail Address: _____