



# PLAYER INFORMATION FORM

**Sacramento Fury Girls Basketball Club**  
*www.SACFURY.net*



### Player Information:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School District: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### PARENT INFORMATION:

Mother's Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation/Employer: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### EMERGENCY INFORMATION:

In case of an accident or emergency and the parent/guardian cannot be reached, the following people should be contacted:

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

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

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

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of SAC Fury to make arrangements as considered necessary for my child to receive medical or hospital care, including necessary transportation. I agree to pay all cost incurred. Under these circumstances, I further authorize the physician named below to undertake such care and treatment of my child as considered necessary.

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Medical Record No. \_\_\_\_\_

Health Coverage/Plan \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Allergies, Medications, Health Problems: \_\_\_\_\_

In the event said Physician is not available, I authorize such care and treatment to be performed by a licensed physician or surgeon.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date