Player Information Form
Player's Full Name: Carter Cook
Date of Birth: 04/20/2012
Age: 13
Jersey Size: XL (youth) SML (adult)
Short Size: LG (youth) SML (adult)

Home Address
Street: 8555 SW Brentwood Street
City: Portland
State: Oregon
Zip Code: 97225

Contact Information
Primary Parent/Guardian's Full Name: Chris Cook
Relationship to Player: Father
Email Address: chriscooksj@gmail.com
Phone Number (Primary): (503) 913-9641
Phone Number (Secondary):

Emergency Contact
Emergency Contact Name: Gretchen Cook
Emergency Contact Relationship: Mother
Emergency Contact Phone Number: (503) 360-2589

Medical Information
Physician's Name: Dr Lisa Reynolds
Physician's Phone Number: (503) 297-3371
Allergies (if any): None
Current Medications (if any): None
Any Medical Conditions or Restrictions: None

Insurance Information
Primary Insurance Provider: Anthem Blue Cross
Policy Number: IN2051M002
Policy Holder's Name: Chris Cook.

Consent and Acknowledgment
I, the undersigned, hereby acknowledge that the information provided in this form is accurate and complete to the best of my knowledge. I understand the risks associated with participation in basketball activities and confirm that the player is in good health to engage in such activities. I also consent to emergency medical treatment if deemed necessary.

Parent/Guardian Signature:
Chris Cook Date: 9/3/25