

Emergency Medical Release & Liability Waiver

Player's Name: _____ Birthdate: _____

Street Address: _____ City: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____

Home Phone: (____) _____ Bus Phone: (____) _____ Cell Phone: (____) _____

Mother's Name: _____

Home Phone: (____) _____ Bus Phone: (____) _____ Cell Phone: (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____

Home Phone: (____) _____ Bus Phone: (____) _____ Cell Phone: (____) _____

Name: _____

Home Phone: (____) _____ Bus Phone: (____) _____ Cell Phone: (____) _____

Allergies: _____

Other Medical Conditions: _____

Physician: _____ Phone: (____) _____

Medical/Hospital Insurance Company: _____ Phone: (____) _____

Policy Holder's Name: _____ Policy Number: _____

This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.

I (we) the undersigned (parent/guardian of the above listed player) acknowledge and fully understand that the player will be engaging in activities that involve risk of serious injury, including permanent disability or death, and social and economic loss, which might result not only from player's own actions, inactions, or negligence, but action, inaction, or negligence of others, the rules of play, the condition of the premises, the condition of any equipment used, or other unknown risks not reasonably foreseeable at this time. The undersigned assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, discharge, indemnify and hold harmless St. Joan of Arc, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, (all of which are hereinafter referred to as 'releasees'), from any and all liability to the player each of the undersigned, his/her heirs or next of kin, for any claim by or on behalf of the player as a result of the player's participation in the programs and/or being transported to or from the same, which participation, after careful consideration, I hereby authorize, and which transportation, I hereby authorize.

The player has received a physical examination by a physician and has been found to be physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry, or associated personnel, provide the player with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to hold harmless and indemnify the releasees from all liability, loss, cost, claim, or damage whatsoever, including death or damage to property, which may be imposed upon releasees because of any defect in such capacity to so act, or caused or alleged to be caused, in whole or in part, by the negligence of the releasees.

I(we) have read the above and understand that (I)we have given up substantial rights by signing below, and sign below voluntarily.

Parent/Guardian Signature: _____ Date: _____

Note: Attach a copy of your insurance card, front and back to expedite medical treatment