



MEDICAL CONSENT FORM
THIS FORM MUST BE SIGNED

Player Telephone
Address Birth Date / Division
City State Zip Code Height / Weight

My Medical Insurance Carrier is:

Sex (B/G) School Name :

PARENTS/GUARDIANS INFORMATION

Father/Guardian Telephone (Home) (Work) Employer:
Mother/Guardian Telephone(Home) (Work) Employer:

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? [ ] Yes [ ] No If yes, please state problem in this blank space.

If you wish your family doctor contacted in case of emergency. Doctor's Name: Telephone:

Emergency Authorization: I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person named below who is hereby authorized to act on my behalf.

Full Name: Telephone:
Address of Emergency Contact Person

Waiver of Liability and Disclaimer. I, the parent or guardian of the above named boy/girl, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the activities and program of the Tri-Cities Kids League is primarily administered by parents who volunteer their time rather than paid professionals. I assume all risks and hazards incidental to the conduct of the activities of the Tri-Cities Kids League and transportation to and from such activities. Further, in consideration for accepting the registration of the player in its program, I hereby release, discharge, and hold harmless, the Tri-Cities Kids League and its board members, officers, employees, volunteers, organizers, sponsors or supervisors and other representatives from any claims arising out of or relating to any physical injury that may result to my son/daughter while participating in Tri-Cities Kids League sponsored events or activities, including any injury caused by the negligence of any umpire, manager or coach while performing his/her duties during any practices, games or other activities, or transporting my son/daughter to or from such activities.

X Signature of Parent or Guardian Date: