

Permission-Emergency Form

Organization: _____

Team: _____

Sport: _____

Head Coach: _____

Player Name: _____

Age: _____ Date of Birth: _____

Any known medical conditions: _____

Medications: _____

Any known allergies: _____

Doctor/Physician: _____ Phone: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Permission and Waiver: My child is in good health and is permitted to fully participate in this sport. I authorize coaches of this team to act on my behalf in the event emergency medical treatment is needed and I cannot be contacted. Further, I hereby waive and release the coaches and organization involved from any liability for injuries or illnesses that may occur during the sports activities. I authorize the persons listed below to pick up my child from activities related to this sport.

Signature

Date

Alternate Emergency Contact Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Persons listed below are authorized to transport my child to and from games. I will inform the coaches involved if this information changes.

First (Please Print) Last Name Phone # Phone #

First (Please Print) Last Name Phone # Phone #

First (Please Print) Last Name Phone # Phone #

Notes: _____

Please return this completed form before practices begin.