Permission-Emergency Form

·		Team:		
Player Name:		Sport:		
•		Head Coach: _		
Age: Dat	e of Birth:	•		
Any known medical of	conditions:			
Medications:				
Any known allergies:				
Doctor/Physician:			Phone:	
Parent/Guardian Nar	me:			-01
Address:				3
City:	Stat	te:	Zip:	#0
Home Phone:	Work Phone	9:		-
	Email:			
Permission and Wa	aiver: My child is in good health and is not act on my behalf in the event emer	gency medical treatr	ment is needed and I	cannot be
Permission and Wa coaches of this team contacted. Further, I	aiver: My child is in good health and is not on act on my behalf in the event emer hereby waive and release the coaches are occur during the sports activities. I autho	gency medical treatr and organization invo	ment is needed and I lved from any liability	cannot be for injuries
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Please return this completed form before practices begin.

Organization: _