

MEDICAL RELEASE FORM

Does you have any disabilities, handicaps, present injuries or limitations, allergies, seizures, diabetes, hemophilia, heart condition, history of respiratory illness or other significant medical condition?

_____ Yes _____ No

If you stated yes, PLEASE state the condition:

If you wish to have your doctor contacted in case of emergency PLEASE LIST below:

Doctors Name: _____ Phone: (____)_____- _____

EMERGENCY AUTHORIZATION (from above)

I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of other team members acting in the capacity of activity supervisions/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 above emergency contact.

AUTHORIZATION SIGNATURE:

Date

WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the parent or legal guardian of the above-mentioned named individual, participant, a minor acknowledge that participation in athletic events necessarily involves the risk of physical injury. I further acknowledge that the programs of the MCJCF, Inc. are primarily administered by parents and other community members, who volunteer of their time to further the programs; rather than by paid, trained professionals. While on some occasions paid trained professionals and volunteer trained professionals will render services to various programs from time to time. In consideration for accepting the registration of the named and mentioned individual and permitting the voluntary participation of said individual in its programs, I (for myself, as well as for my child, his or her heirs and assigns) hereby release, discharge and hold harmless MCJCF, Inc.

Signature of Parent or Legal Guardian: _____ Date: _____