

Howell Area Parks and Recreation Authority

Youth Sports

MEDICAL RELEASE FORM

(Please complete form legibly)

I hereby give permission for any and all medical attention necessary to be administered to (youth sports participant) _____ in the event of an accident, injury, sickness, etc., under the direction of the people listed below until such time as I may be contacted.

The release is effective for the time during which my child is participating in the _____ (specify league). I also hereby assume the responsibility for payment of such treatment.

Parents Name: _____

Home Address: _____

Home Phone: _____ Work or Cell: _____

Insurance Company: _____ Policy #: _____

Family Physician: _____ Physicians Phone # _____

Physicians Address: _____

Child's Allegries: _____

Additional Medical Condition(s) that the coach should know about? _____

IN CASE I CAN NOT BE REACHED, EITHER OF THE FOLLOWING PEOPLE IS DESIGNATED

Name _____ Phone Number _____

Name _____ Phone Number _____

I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is playing, walking, or being transported to games or other activities. I also hold harmless the Recreation Authority, its directors, organizers, coaches, sponsors, managers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities. I also give permission for the Recreation Authority to use my child's picture for advertising purposes such as flyers or brochures.

Signature of Parent/Guardian _____ Date _____