

CITY OF LAKES WALDORF SCHOOL

LIST LIABILITY/MEDICAL RELEASE

REGISTRANT INFORMATION

Registrant's Name _____ Date of Birth _____
Address _____ City/St/Zip _____
Phone # _____ School _____ Grade _____

EMERGENCY INFORMATION

Parent or Legal Guardian:

Name _____ Home # _____ Work # _____ Cell # _____
Name _____ Home # _____ Work # _____ Cell # _____
Name _____ Home # _____ Work # _____ Cell # _____

In an emergency when parents or legal guardian cannot be reached, please contact:

Name _____ Home # _____ Work # _____ Cell # _____
Name _____ Home # _____ Work # _____ Cell # _____

MEDICAL INFORMATION

Allergies _____
Other medical conditions _____
Medical Insurance Company _____ Phone # _____
Policy Holder _____ Policy Number _____
Player's Physician(s) _____ Phone # _____

CONSENT FOR MEDICAL TREATMENT

As the parent/legal guardian of _____ who is participating in the _____ program listed above, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of _____.

Date _____

Name _____ (Please Print)

Signature _____

LEAGUE OF INDEPENDENT SPORTS TEAMS

PARENT/GUARDIAN AGREEMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of _____, its affiliated organizations, schools, not for profit agencies and/or sponsors. Recognizing the possibility of physical injury associated with participation in the sport of _____ and in consideration for the _____ accepting the registrant for its _____ program(s) and activities, I hereby release, discharge and/or otherwise indemnify _____, its affiliated organizations, schools, not for profit agencies and/or sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs and any companies, not for profit agencies or individuals retained to provide transportation to and from the fields and facilities, against any and all claims for damages by or on behalf of the registrant as a result of the registrant's participation in the program or sport and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian: I have read the agreement written above and understand its terms and conditions.

Date _____

Name _____ (Please Print)

Signature _____