

Authority to Secure Medical Assistance / Medical & Personal Injury Waiver

We (I) the parents or legal guardian(s) of: _____
(Name of Registered Player)

Hereafter designated as "my child", acknowledge that Suburban Athletics, Inc. of Neenah, WI, does not provide accident/medical insurance to cover participants in its athletics program and related activities. We (I) the undersigned have our (my) own accident/medical insurance and are (am) willing to take full financial responsibility for any and all injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Suburban Athletics, Inc. program.

Accident/medical insurance carrier is: _____ my policy number is: _____

We (I) further knowingly and voluntarily waive any and all claims against, and forever release Suburban Athletics, Inc., Neenah, WI, its board members, officers, agents, team managers, and coaches for any and all injuries or consequences of injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Suburban Athletics, Inc. program.

We (I) also knowingly and voluntarily waive any and all claims against, and forever release the Park Commission, and the Towns of Neenah, Menasha, and Clayton, and its employees, officers and commissioners for any and all injuries or consequences of injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Suburban Athletics, Inc. program.

Our (my) signature below will allow a manager, coach, or other agent of Suburban Athletics, Inc., Neenah, WI, to admit "my child" to a medical facility and/or seek the care of a physician if conditions warrant such action, and we (I) understand that charges for such medical treatment and/or related expenses will be my responsibility.

Sign: _____ Print Name: _____ Date: _____
(Father or Legal Guardian)

(Father's Address - if different than front of Registration Form) (Phone) (Cell Phone)

Sign: _____ Print Name: _____ Date: _____
(Mother or Legal Guardian)

(Mother's Address - if different than front of Registration Form) (Phone) (Cell Phone)

Photo Release Authorization Form

From time to time, photos will be taken of SAI players, coaches & activities for newspapers, newsletters & other SAI public relations. SAI reserves the right to use these photos for news releases, the website, the newsletter, organization-related video and slide presentations, marketing purposes, grant requests, etc.

PLAYER'S NAME _____ Age _____

PLAYER'S NAME _____ Age _____

PLAYER'S NAME _____ Age _____

____ Yes, I grant permission for SAI to use my child(ren)'s photo for the Publications listed above.

____ No, Please do not use my child(ren)'s photo.

Parent Signature _____ Date _____