## **SEVERN ATHLETIC CLUB (Release Form)**

## Parental Permission/Waiver/Medical Authorization Form

Permission is hereby given for (athlete/participant)

negligence of the releasees or others and assume full responsibility for my participation athlete's participation. Consent is given, in the event of illness or injury, for administration of reasonable and prudent first-aid, emergency or professional medical care.  I hereby release, discharge and waive all claims and causes of action against all coaches, league coordinators and staff members of the Severn Athletic Club, as well as the league itself from any damages or injuries that might be incurred during any practices, games, or meeting during planned or unplanned activities.  Lastly, I pledge to observe all guidelines of sportsmanship including respect and courtesy for participants, coaches and other fans.  Parent Signature	to participate in the Severn Athletic Club sponsored <u>Pre-Season Skills and Conditioning Training</u> for 2020. I certify that this participant is in good health and know of no physical conditions, which by participation, would endanger the participants health.			
Parent Signature	exposed to and/or diagnosed wit limited to COVID-19 or other me impossible to eliminate the risk t	th one or more comedical condition or with the condition or with the come	municable diseases, including but not variation thereof does exist and it is infected through contact with or close	
Parent Signature	negligence of the releasees or ot athlete's participation. Consent reasonable and prudent first-aid I hereby release, discharge and v coordinators and staff members damages or injuries that might	thers and assume fur is given, in the ever , emergency or prof waive all claims and of the Severn Athle	Ill responsibility for my participation at of illness or injury, for administration of fessional medical care.  causes of action against all coaches, league tic Club, as well as the league itself from any	
Parent Signature		•	manship including respect and courtesy for	
Student Name Grade Address Phone  Birth Date Food/Drug/Allergy Medications/Information  Emergency Phone #s: Name Phone # Insurance Company & Address	Parent Signature		Date	
Student Name Grade Address Phone  Birth Date Food/Drug/Allergy Medications/Information  Emergency Phone #s: Name Phone # Insurance Company & Address	Parent Signature		Date	
Birth Date  Food/Drug/Allergy  Medications/Information  Emergency Phone #s: Name Phone #  Insurance Company & Address				
Food/Drug/Allergy  Medications/Information  Emergency Phone #s: Name Phone #  Insurance Company & Address	Address		Phone	
Medications/Information  Emergency Phone #s: Name Phone #  Insurance Company & Address	Birth Date			
Emergency Phone #s: Name Phone #  Insurance Company & Address	Food/Drug/Allergy		<del>-</del>	
Insurance Company & Address	Medications/Information			
	Emergency Phone #s: Name		Phone #	
Policy # Insured	Insurance Company & Address _			
	Policy #	Insured		