



WAIVER, CONSENT & INSURANCE DISCLOSURE FORM

CONTACT & INSURANCE INFORMATION

Sport (circle only one): Boys Basketball • Girls Basketball • Football • Volleyball • Wrestling

League (circle only one): YMCA (BB/VB) • GNBL (BB) • WIVL (VB) • Morrie Miller (FB)

Child Name: _____ Child Grade: _____

Child Date of Birth: _____ Child Cell Phone: _____

Parent(s) Name: _____ Home Tel: _____

Mother's Cell: _____ Father's Cell: _____

Parent's Home Address: _____

Mother's E-mail: _____ Father's E-mail: _____

Emergency Contact Name: _____ Phone: _____

Child health/allergy conditions (i.e. asthma, bee sting allergies, etc. - continue on back as necessary):

Child medications/dosages taken regularly:

Health Insurance Company: _____ Subscriber (Insured) Name: _____

Policy # _____ Phone Number: _____

TREATMENT CONSENT

(CIRCLE ONE) **IDO** **IDO NOT**

I hereby grant permission to the coaching staff, attending physician and those professional personnel designated by him (them) to treat my son/daughter.

This permission includes prevention, care and rehabilitation of athletic injury, illness, emergency first aid, securing emergency transportation, emergency surgery, and the admission to a hospital and the administration of medicine, etc. as deemed necessary by the attending physician & his/her designee.

SIGNATURE: _____

DATE: _____

CONSENT TO PARTICIPATE & RELEASE OF LIABILITY

(CIRCLE ONE) **IDO** **IDO NOT**

wish to register my minor child named on this form and consent to my child's participation in the events/activities named at the top. I recognize that participation, even when well supervised and managed, poses a risk of physical injury to my child and I agree to assume such a risk on behalf of my child. I consent to the transporting of my child if the need should arise. I consent to the use of photographs &/or video of my child's participation for promotion & publication. I certify that my child has no medical condition or impairment, including the use of medication, which might inhibit his/her participation. **RELEASE OF LIABILITY** I, the undersigned, hereby agree to indemnify and hold the organizers & administrators of the program and the Cochrane-Fountain City School District harmless from liability for any and all medical and/or accident expenses which my minor child may incur during his/her involvement in these related activities. I hereby certify that my child is provided coverage for all injury related expenses via personal health and accident insurance in effect which is sufficient to cover any and all of the expenses over & above what I pay out of pocket (deductible). I agree to cover 100% of costs if the insurance coverage lapses in any way.

SIGNATURE: _____

DATE: _____