EMERGENCY INFORMATION/ MEDICAL RELEASE FORM

	First Name:	Last Na	ame:	
Parent/Legal Guardian:	Address:			
Emergency Contact Phone Number: (City:	State:	Zip:	
Date of Birth:/ Age: American Citizen (Yes/No): Parent/Legal Guardian Signature: Date// Athlete Signature: Date// MEDICAL EMERGENCY AND INSURANCE INFORMATION Name of Physician: Physician Phone Number: () Name/Relation of Emergency Contact: Contact Phone Number: () Insurance Provider: Group Number: Policy Number: Known Allergic Reactions: Additional Major Medical Concerns: PARENTAL CONSENT AND IDEMNIFICATION AGREEMENT I, the minor's parent and/or legal guardian authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by available medical staff and/or a licensed physician when deemed necessary or advisable by appointed representatives in case of my absence. I waive my right of informed consent to such treatment and release from any litigation expenses, attorney fees, loss liability, and damage or cost any Releasees may incur as the result of any such claim.	Parent/Legal Guardian:			
Parent/Legal Guardian Signature:	Emergency Contact Phone Nur	nber: ()		
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Insurance Provider:	Name/Relation of Emergency	Contact:		
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