



MEDICAL RELEASE 2017

Please Print:

Child's Name _____ Birthdate _____

Known Allergies _____

Known Medical Limitations _____

Current Medications _____

Emergency Contact Information:

Parent Name _____ Phone _____

Family/Friend Name _____ Phone _____

I/We the parent(s) or legal guardian(s) of the above named child, do hereby grant permission for said child to receive emergency medical care if:

1. Such care is deemed necessary by the adult supervisor having responsibility of said child while participating in activities sponsored by the Eminence Junior League.
2. The proposed medical treatment or procedures are immediately or imminently necessary, and delay occasioned by an attempt to obtain personal consent would reasonably jeopardize the life, health or well being of said child.
3. I cannot be contacted.

I/We hereby give permission to the attending physician to render emergency treatment should said physician deem it necessary. I authorize hospitalization, anesthesia, surgery, and injection of medication. I/We further acknowledge that I/we have read and understand the above.

Parent/Guardian Signature _____ Date _____

Parent and Child Agreements

I will respect the judgment of the umpires, abide by the rules, and cooperate with the coaches, league officials, and fellow participants. I will follow the rules of the game and treat my opponents with respect, while living up to the high standards of sportsmanship at all times while representing the Eminence Junior League.

Child Signature _____ Date _____

I, being the parent or legal guardian of _____, participant of Eminence Junior League, do hereby release and discharge any instructors, coaches, sponsors, supervisors, participants, persons transporting my child to activities, or curators of any facilities where participation is occurring from any and all debts, claims, demands, actions, damages, causes of action, judgments or suits of any kind which may arise as a result of any participation in League activities and hereby agree to have and indemnify and keep harmless the instructors, coaches, sponsors, supervisors, participants, persons transporting my child to activities and curators of facilities where participation is occurring against any and all liability, claims, judgments or demands for damages arising as a result of participation. I, being the parent or legal guardian authorize any coach or league official permission to request emergency medical treatment (of which I will be financially responsible), or care as necessary to insure the well being of my dependant. Further, I claim the registrant is in good physical condition and able to participate.

Parent/Guardian Signature _____ Date _____