

Medical Release for EVAC Summer Activities

Player's Name (last, first) _____ Birth Date ____ / ____ / ____

Player Email _____ Player Phone _____ Grade _____

Parent Email _____

Consent to Play: I/we the parents of the above named athlete hereby give my/our approval for participation in the EVAC summer activity, including transportation to and from the gym. I/we know that participation in the EVAC summer activity may result in serious injuries and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, supervisors, participants, coaches, and persons transporting my/our child to and from activities from any claim arising out of injury to my/our child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident or liability insurance.

Consent for Medical Treatment

In case of emergency, I hereby authorize EVAC coaches and/or representatives to pursue treatment for _____ (player) _____ (date of birth) by any qualified, licensed physician, urgent care, or hospital at their discretion.

Doctor's name _____

Doctor's Phone _____

Hospital Preference _____

Medical Insurance Plan _____

Policy Number _____

Identification Number _____

Emergency Information

Father's name _____

Mother's Name _____

Work phone _____

Mother's cell phone _____

Father's cell phone _____

Secondary contact:

Name

Phone

Relationship

Parent's Signature

_____ Date ____ / ____ / ____