

# MEDICAL WAIVER FORM

**SUMMER SPORTS SCENES 2010** at The Heights Baptist Church

Child's Last Name \_\_\_\_\_ Child's First Name \_\_\_\_\_

School Grade Completed \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ Parent's First Name \_\_\_\_\_

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, diabetes, or any other significant medical condition? **YES** **NO**

If **YES**, please describe condition(s): \_\_\_\_\_

If you wish to have your doctor contacted in case of emergency:

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION (from Parent or Guardian listed above)

I, the undersigned parent or legal guardian of the individual listed above, a minor, hereby authorize the coaches, assistant coaches, or parents of participants acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please call the following emergency contact:

Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER OF LIABILITY, DISCLAIMER, AND PERMISSION

I, the undersigned parent or legal guardian of the individual listed above, a minor, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of The Heights Baptist Church are primarily administered by adults and youth (age 16 and older) who volunteer their time, rather than paid professionals. In consideration for accepting the registration of the named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless The Heights Baptist Church, its employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in an event sponsored by The Heights Baptist Church, including any physical injury by the negligence of any official, referee, coach or other recreation staff member while performing his/her duties during any practices, games, or other recreation/sports activities.

Authorized Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_