

MEDICAL LIABILITY RELEASE FORM

INSTRUCTIONS: Due to legal restrictions, it is necessary that all participants complete this form to be eligible to participate in the Shrine Maple Sugar Bowl Game. This form should be returned to the Shrine Office. One copy will be given to the team advisor, one copy to the athletic trainers and one to the team physician.

PLEASE TYPE OR PRINT ALL INFORMATION

Participant Name _____

Parent/Guardian Name _____

Home Address _____ City _____ State _____ Zip _____

Mom/Guardian Phone: Home/Cell: _____ Work: _____

Dad/Guardian/Phone: Home/Cell: _____ Work: _____

Emergency Phone Numbers: _____

Alternate Contact _____ Phone _____

School Attending: _____

Student is covered by group or medical insurance: _____ Yes _____ No

If yes, complete the following information:

Name of insured: _____

Insurance Company: _____

Group #: _____ Policy #: _____

PARENT/GUARDIAN/PARTICIPANT: *Please check the following that pertain and sign your name.*

- I give my permission for immediate medical treatment as required in the judgment of the attending physician. Notify me and/or any persons listed above as soon as possible.
- I do not give permission for medical treatment until I have been contacted.
- I give my permission for over the counter medications to be given as needed.
- I give permission for pictures or likeness to be used in publicity for future Shrine promotions.

Parent/Guardian's Signature: _____ Date _____

Applicable for participants under the age of 18 and must be signed by the parent or legal guardian.

Participant's Signature: _____ Date _____

PLEASE FILL IN THE FOLLOWING ACCURATELY:

AGE _____ WEIGHT _____ HEIGHT _____ JERSEY # _____ JERSEY SIZE _____

JACKET SIZE _____ GAME PANT SIZE _____ GAME SHORT SIZE _____ T-SHIRT _____