

Medical Release

East Valley Athletes for Christ, Inc.

(Must be completed to participate in each sport)

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

Sport _____ Team _____ Male/Female (circle one)

Address _____

Player Email _____ Player Phone _____

Parent Email _____

Consent to Play: I/we the parents of the above named athlete hereby give my/our approval for participation in any and all EVAC sponsored activities, camps, and/or sports teams, including transportation to and from such activities. I/we know that participation in EVAC athletics 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, sponsors, supervisors, participants, board members, 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.

Affirmation of Fitness: I/we the parents of the above named athlete, by signing this release, affirm that to best of our knowledge my/our child is physically able to to participate in any sports related activities with EVAC. I/we understand it is my/our responsibility to determine that my/our child is physically fit. Further, I/we understand it is my/our responsibility to notify EVAC coaches and/or representatives if my/our child has any medical condition that will affect his/her performance and/or if his/her health changes in any way that would affect his/her performance.

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 _____ Home phone _____

Father's cell phone _____ Mother's Cell phone _____

Secondary contact _____

Name	Phone	Relationship
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Parent's signature _____ Date signed ____/____/____

Please note on back of form if there is anything we should know that would limit your athlete's participation...