



## Medical Release Form

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of the examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth \_\_\_/\_\_\_/\_\_\_                      Date of last Tetanus Booster \_\_\_/\_\_\_/\_\_\_

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

### Waiver

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of CEC, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with sports and in consideration for CEC accepting the registrant for its sports programs and activities (the "Programs"). I hereby release, discharge, and/or otherwise identify CEC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_