

SCV Chrome Medical & Waiver Release

PLAYER NAME:_____ BIRTHDATE:_____ AGE:_____

ADDRESS:_____ CITY:_____ ZIPCODE:_____

PARENT/GUARDIAN NAME:_____

HOME PHONE:_____ CELL:_____

EMERGENCY CONTACT:_____ PHONE:_____

RELATIONSHIP:_____

MEDICAL INSURANCE COMPANY:_____ PLAN #:_____

KNOWN ALLERGIES:_____

ANY OTHER MEDICAL ISSUES:_____

MEDICATIONS:_____

I hereby permit my child _____ to participate in SCV Chrome. I understand and fully accept that there are risks involved in sports and that accidents or injuries are common occurrences of these sports. I accept all responsibility for my child should if he/or she be injured or hurt during their time with SCV Chrome. I will not hold any coach, manager or practice space liable for my child. I will also follow the guidelines regarding appropriate parent conduct at the practice field and at any tournaments.

INITIAL HERE:_____

I give my consent for Coaches/Manager to administer general first aid treatment in my absence. If injury is life threatening, I authorize Coaches/Manager to summon all professional emergency personnel to attend to, treat and transport (if needed) my child in my absence. I agree to assume financial responsibility for all expenses of such care.

INITIAL HERE:_____

PARENT NAME:_____

PARENT SIGNATURE:_____

DATE:_____