

## 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 \_\_\_\_\_