

**SONW MEDICAL RELEASE FORM**

Name of Athlete: \_\_\_\_\_ Grade: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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Name of Parent(s) or Guardian: \_\_\_\_\_

**Contact Information**

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Emergency contact (if parent or guardian cannot be reached): \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_ Phone number(s) \_\_\_\_\_

**Insurance Information**

Physician: \_\_\_\_\_ Physician's phone: \_\_\_\_\_

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Parent/Guardian Release**

We understand that some activities present risk of injury to participants, and we and the participant agree to assume that risk. We agree to hold Sports Outreach Northwest and staff harmless from any liability for any injury to the participant or any other person or entity, when said injury is caused or contributed to by the conduct of the participant. We further agree to defend Sports Outreach Northwest and staff against any claim of liability asserted against them for any such injury to the participant. If we are not personally present at the clinic in which the participant is to participate, so as to be consulted in the case of necessity, you are authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and well being of the participant. We, the undersigned parent or guardian of the above named participant, have read the above and represent to Sports Outreach Northwest that the participant is physically and mentally able to participate (except as noted on the reverse) and thus grant permission to participate in all activities for which the participant registered.

**Comments or medical information (please note physical/mental limitations, food and medicine allergies, etc.)**

Parent / Guardian: (please print) \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_