

DUXBURY DRAGON FOOTBALL

MEDICAL RELEASE/WAIVER OF LIABILITY

PLAYERS NAME: _____
DATE OF BIRTH: _____
MAILING ADDRESS: _____
FATHERS NAME: _____ MOTHERS NAME: _____
HOME PHONE: _____ CELL PHONE: _____
EMERGENCY CONTACT NAME & PHONE _____
(OTHER THAN PARENTS LISTED ABOVE) _____
EMAIL ADDRESS: _____
SCHOOL GRADE FOR 2017/2018 _____

Parent Guardian Permission/Waiver of Liability:

I understand that football is a contact sport in which serious injury may occur. I give my child/player unconditional permission to participate in all on and off field activities of Duxbury Dragon Football. I agree to hold harmless and release from all liability all members of the Duxbury Dragon Football Board of Directors, Coaches, and any other person assisting in the operation of the program, including those providing transportation to games and other affiliated events.

I also give permission to Duxbury Dragon Football, its coaches, volunteers, and staff to seek any necessary or immediate medical attention for my child/player and for which I assume full responsibility for any cost incurred.

INSURANCE INFORMATION:

Health Insurance Carrier and Policy # _____

Local Hospital Preference: _____

Family Doctor: _____ Phone: _____

Please list any allergies and all other pertinent medical information:

Parent/Guardian Signature

Date