

Birch Run/Taymouth Parents for Youth

P.O. Box 211

Birch Run, MI 48415

www.brtay-pfy.com



Liability/Medical Release Form

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name/Phone #: _____ Mother's Name/Phone #: _____

In an emergency when parents cannot be reached, please contact:

Name/Phone #: _____ Name/Phone #: _____

Allergies, including any allergies to medicine, current medications or any related information that would assist in safe treatment: _____

Medical Insurance Company: _____ Policy Holder: _____

Policy #: _____ Player's Physician/Phone #: _____

I, as the parent/guardian of the registered, minor player, hereby understand and fully accept that there are risks involved in sports, and that accidents and injuries are common and ordinary occurrences of sports. I acknowledge and recognize the possible risk of serious personal injury and personal property damage. I, the parent/guardian assume full responsibility for such risks while my child, myself, or any other person in connection with my child's participation in sports. Serious personal injury may include neck and spinal injuries, which may result in complete or partial paralysis, brain damage, serious injury to all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of your body, general health and well-being, and death.

I, hereby release and hold harmless the Birch Run/Taymouth Parents for Youth Organization, it's affiliate organizations, commissioners, board members, direct and contracted employee's, agents, representatives, coaches, volunteers, owners of fields and facilities utilized for the program from any and all liability, actions, causes of actions, debt, claims, or demands of every kind and nature whatsoever that may arise now or hereafter to myself/son/daughter or to any person or property resulting in the registered minor player participating in any activities related to the Birch Run/Taymouth Parents for Youth Organization. The terms hereof will serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

As the parent/guardian of the registered minor player, I hereby give my consent and request that in my absence the player be admitted to any hospital or medical facility for diagnosis or treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, x-ray treatment, whatever conditions are necessary to preserve the life, limb or well-being of the player. I have not been give an guarantee as to the results of examination or treatment. I as the parent/guardian of the registered minor player take full financial responsibility for any medical related costs that may occur.

Print name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____ I

Football * Wrestling * Baseball * *Softball * Cheerleading * Volleyball