

Sports Registration - Indemnification Form

Player Information:

Name: _____ Telephone: _____

Home Address: _____ M F

School: _____ Grade: _____ Age: _____

Participation In:

Baseball Soccer Football Tennis Swimming Track Wrestling

If you played last year, please list: Sport _____ School _____

Emergency Contact: Name: _____ Telephone _____

Known Medical History: _____

Major Illness or Physical Handicap: _____

Name & Policy No. Of Medical Plan: _____

While my child is attending or traveling to/from this function, I hereby authorize the coach or in his/her absence or disability, an authorized adult accompanying or assisting him/her, to consent to the following medical treatment for said minor above: Any X-Ray examination, Anesthetic, Medical or Surgical Diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act; or an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provision of the Dental Practice Act.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until my child completes his/her activities of this program, unless sooner revoked in writing. I understand that as a parent/legal guardian, I will be responsible for the cost of any service or treatment provided. I/We, the undersigned, parent(s) of the above named child, who participates on the _____ Team, hereby give my/our approval for his/her participation in any and all of the activities of the _____ Team during the current school year. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the scheduled games and related events. I/We do further hereby release, absolve, indemnify and hold harmless the _____ School District, its employees, agents and board members. I/We likewise release from responsibility any person transporting my/our child to or from the related activities. I/We will furnish proof of medical insurance for the above named child upon request of the school district. By signing this form, you waive all claims against the _____ School District, its employees, agents and board members.

Parent/Guardian _____

DATE _____