

BOISE TIMBERS|THORNS - MEDICAL RELEASE FORM

Player Information:

Name: _____ Home Phone: _____
Address: _____ City/Zip: _____

Parent/Guardian 1 Information:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Home Address: _____ City/Zip: _____

Parent/Guardian 2 Information:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Home Address: _____ City/Zip: _____

Emergency Information:

Person to Notify In Case of Emergency: _____
Home Phone: _____ Work Phone: _____
Doctor to Notify in Emergency: _____ Phone: _____
Hospital Preference, if any: _____ City: _____

List Any Medical Problems or Conditions Player Has (include allergies and medications currently taking):

Family Insurance Carrier Information:

Insurance Company: _____ Child's Birth Date: _____
Address: _____ City/State/Zip: _____
Subscriber Name: _____ Do You Have a Dental Program? _____
Subscriber Number: _____ Group Number: _____
Subscriber Address: _____ City/Zip: _____
Subscriber Prescription Drug Number: _____

LIABILITY WAIVER -- I, as parent or legal guardian of the above-named Participant/Player, hereby accept and assume all risk and responsibility for any accidents, illness, injury, and/or other damages which may result from the Participant/Player participating in any of the events, activities and/or programs associated in any way with BTT. This shall include without limitation transportation of my child related to participation in tournaments, games, practices, meals and other team activities associated with BTT. I further hereby waive, release and discharge BTT, its officers, directors, employees, agents, volunteers or anyone associated with BTT from any and all liability associated therewith.

MEDICAL CONSENT -- As the parent/legal guardian of the above-named Participant/Player, I hereby give consent that in my absence the above-named Participant/Player be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed nurses or technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given guarantee as to the results of examination or treatment. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

I have read the above paragraphs including the Liability Waiver and Medical Consent and fully understand the terms contained herein. I understand that I am agreeing to assume certain responsibilities and commitments to release BTT from certain possible future liabilities. I sign this voluntarily and with full knowledge of the significance of its effect.

Signed: _____ Date: _____