

Buckland Recreation

Medical History, Informed Consent & Release Form



I hereby give permission for (player)_____ to participate in the Buckland Recreation Program during the season beginning _____.

Further, I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary. I further authorize any qualified licensed physician to render medical treatment which in his/her judgment may be deemed necessary in the care of (player)_____.

This authorization is only granted if I cannot be contacted and a reasonable effort has been made to do so.

Parent/Guardian:_____ Home phone:_____

Address:_____ Cell phone:_____

Family Physician:_____ Phone:_____

Childs Physician:_____ Phone:_____

Medicines child currently taking:_____

Date of last tetanus shot:_____ Insurance Company:_____

Policy or Plan ID#:_____ Subscribers name:_____

Subscribers Employer:_____ Work Phone:_____

My child and I are aware that participating in tee ball, baseball or softball is a potentially hazardous activity. I understand that my child is not covered by any insurance plan through the Buckland Recreation and do hereby waive, release, absolve, indemnify and agree to hold harmless the Buckland Recreation and any of its board members, coaches or other participants in the event of an injury or illness to my child that occurs during travel to, from or during the conduct of all practices, games, special events or any Buckland Recreation associated activity. I assume all risks, including but not limited to falls and contact with other participants, being hit with the ball or bat, the effects of weather, traffic and other reasonable risk conditions associated with athletics. All such risks are known and understood by me.

Parents signature:_____ Date: ____/____/____

