



EAST COAST CHAMPIONSHIPS

Participant: _____ Birthdate: _____

Team: _____ PROGRAM: _____

TREATMENT AUTHORIZATION AND INJURY WAIVER

In the event of an emergency or injury, I give permission for medical treatment to be administered to the participant named above when neither parent or guardian can be reached. I acknowledge that the above named participant has his/her own medical/accident insurance and has no health or physical condition which will hamper their ability to perform in any East Coast Championships competition. I understand that all athletic events have the risk of physical injury and the participant assumes the risk of such injury by participating. I further agree not to hold East Coast Championships, the host organizations or any of their employees, vendors or volunteers liable for any and all injuries that may occur while participating in or attending any East Coast Championships event.

PUBLICITY RELEASE

I hereby, grant permission to East Coast Championships, and its successors and assigns, the unrestricted right to use the above named participants picture or image in any advertising and/or literature, website or events coordinating by them.

I certify that all information contained in this form to be true and by signing this document agree that all participant eligibility, event rules and regulations have and will be followed. I understand that if challenged proof of my child's age must be provided.

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INSURANCE COMPANY: _____

POLICY# _____ (EACH PARTICIPANT MUST CARRY MEDICAL INSURANCE)

GUARDIANS NAME _____ SIGNATURE _____

COACH NAME _____ SIGNATURE _____