



Medical Release of Liability

Player Full Name: _____

DOB: _____ Grade/School: _____

Emergency Contact #1 (Name): _____

Relation: _____ Mobile #: _____

Emergency Contact #2 (Name): _____

Relation: _____ Mobile #: _____

Health Insurance Company: _____

Policy Number: _____

Please List any Health Concerns:

I/We the parents/ guardians of the above named Club player hereby give my/ our approval to participate in any and all activities with regard to Guenette Performance Academy. I/ We assume all risks and hazards incidental to such participation including transportation to and from activities and I/we do hereby waive, release and absolve, indemnify and agree to hold harmless Guenette Performance Academy and any coaches, organizers, sponsors, supervisors, participants and persons involved in any activities including transporting my/our child to and from activities from any claim arising out of an injury to my/ our child, whether the result of negligence or for any cause, except to the extent and in amount covered by accident or liability insurance, if any. I/ we the parents/guardians of the participant, a minor, do hereby authorize the coaches, assistant coaches or parent of team members acting in the capacity of activity supervisors/ vehicle drivers, as agents for the undersigned to consent to medical, surgical or dental examination, treatment and/or care in case of emergency.

I/ we hereby authorize care or treatment of registered players at any medical facility.

Parent/ Guardian Name: _____

Signature: _____ Date: _____