



# Northern Blair County Recreation

## P.O. Box 118, Tipton PA 16684

<b>Please fill in all the requested information and sign where indicated</b>					
Shirt Size	<b>Instuctional T Ball</b>	Year	Other		
First Name	Middle Name	Last Name	Nick Name	Suffix	
Area Code	Telephone	Street Address	City	State	Zip
Emergency Contact	Telephone	Physician	Telephone		
Gender	Birthday	Age	Grade	School	
Medical Insurance	Height	Weight	Miscellaneous Information		
<b>Father/Guardian (please print)</b>					
First Name	Middle Name	Last Name	Suffix	Telephone	
<b>Mother/Guardian (please print)</b>					
First Name	Middle Name	Last Name	Suffix	Telephone	

Does this player have any current injuries or minor physical limitations ( i.e bone or soft tissue injuries allergies, blood disorders, breathing difficulties, hearing or sight problems, etc) Explain.

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## Release and Authorization

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin hereby agree as follows:

**Emergency Authorization:** I hereby authorize each of the coaches, team parents and/or other officials of the Northern Blair County Recreation Commission to act as my agent in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in sports necessarily involves, travel, play in adverse conditions, contact with considerable force and risk sever, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussions, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume such risk.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED ON THIS FORM, I FULLY UNDERSTAND THAT I AND THE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FOR MYSELF OR ON BEHALF OF MY DEPENDENT PLAYER AND AGREE TO THE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

I FURTHER ACKNOWLEDGE THAT I HAVE RECEIVED PARENT/ATHLETE CONCUSSION INFORMATION SHEET WHICH CONTAINS INFORMATION RELATED TO A.) SIGNS AND SYMPTOMS OF A CONCUSSION; B.) DANGER SIGNS ASSOCIATED WITH A CONCUSSION; C.) WHY ATHLETES SHOULD REPORT SYMPTOMS RELATED TO A CONCUSSION; D.) WHAT SHOULD BE DONE IF A CONCUSSION IS SUSPECTED. I AGREE TO REVIEW THE PARENT/ATHLETE CONCUSSION INFORMATION SHEET WITH MY PLAYER AND ACKNOWLEDGE THIS HAS BEEN DONE BY SIGNING BELOW.

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Parent/Guardian

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Date

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