

# Parent's Athletic Program Medical Release Form for Notre Dame Regional School

**1<sup>st</sup> Player's Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
**2<sup>nd</sup> Player's Name:** \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender M F  
 Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Contact Information**

Father's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Mother's Name: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

In an emergency when parents cannot be reached, please contact:  
 Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Medical Information**

<p><b>1<sup>st</sup> Player:</b>          Allergies _____           Other medical conditions _____          _____</p>	<p><b>2<sup>nd</sup> Player:</b>          Allergies _____           Other medical conditions _____          _____</p>
---	---

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_  
 Primary Medical Insurance Company \_\_\_\_\_  
 Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing the possibility of physical injury associated with participating in NDRS sports program (the "Programs") and in consideration for Notre Dame Regional School accepting their registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify Notre Dame Regional School, its affiliated organizations, sponsors, their employees, associated personnel, and volunteers, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I choose to verify that my son or daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs; therefore, I am signing this release rather than providing the school with a physical form filled out by my child's physician. In the event of an emergency, I hereby give my consent to have an athletic trainer, and EMT, a paramedic and/or doctor of medicine or dentistry provide my child with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.

\_\_\_\_\_  
**Signature of Parent of Guardian** \_\_\_\_\_  
**Date**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_ My commission expires: \_\_\_\_\_