

## MEDICAL RELEASE FORM

<b>Name of Player:</b>					
<b>Date of players birth:</b>		<b>Date of last Tetanus Booster:</b>			
<b>Know allergies of this player, including any allergies to medicine:</b>					
<b>Any other medical problems which should be noted:</b>					
<b>Family Physician:</b>		<b>Phone:</b>	( )		
<b>Parent/Guardian:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone # H:</b>	( )	<b>Work #:</b>	( )		
<b>Person responsible for charges :(if diff. from above)</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone # H:</b>	( )	<b>Work #:</b>	( )		
<b>Person to notify if parent /guardian is unavailable:</b>					
<b>Street Address:</b>					
<b>City:</b>		<b>State:</b>		<b>Zip:</b>	
<b>Phone # H:</b>	( )	<b>Work #:</b>	( )		
<b>Insurance Carrier:</b>			<b>Policy Number:</b>		
<b>Name of Insured:</b>			<b>Phone:</b>	( )	

I am the actual parent or legal guardian of the player above and hereby appoint St. Therese's CYO and its authorized designees as my agent to act in my capacity to arrange for, hire, give permission for any and all medical services, care and treatment, without limitation, which may be necessary for my above named child as a result of any accident, injury, illness or other condition that may occur. This authorization includes the power to appoint others to act in my capacity for these purposes, including, without limitation the duly appointed officers, coaches, assistant coaches of St. Therese's CYO. The powers of my agents shall continue in full force and effect from this date until revoked by me in writing or my child is no longer a member of the St. Therese's CYO program.

I hereby release, indemnify and hold all of the agents identified in the preceding paragraph harmless from any and all claims, contracts, liabilities and obligation for acts performed by them under the authority of the above for paying any and all medical, hospital, prescription drug, and such other related expenses as there may be, which are incurred under the authority of the aforesaid limited power of attorney.

With my signature, I permit the above named child to participate in the basketball program administered by St. Therese CYO and will assume all risks and hazards which coincided with such participation. I hereby waive, release, absolve, indemnify and agree to hold harmless any and all claims, contracts, liabilities and obligations to St. Therese CYO, St. Therese Church, St. Therese School, Roxbury Township, and the Roxbury Board of Education and their agents in the event of accidents or injuries involving the above name child.

I have read, understand and agree with the above statements.

**Name of Parent / Guardian:** \_\_\_\_\_

**Signature of Parent /Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_