

**2009 Trinity PPAL
Emergency Medical Release & Liability Waiver**

Participant's Name _____ Division _____ DOB _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have a coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Trinity PPAL will cause the participant to be removed from the Program.

I, as the Parent/Guardian of above named participant release all Coaches, Assistant Coaches, PPAL Board Members of any liability for injury incurred during practices and games when said person have advised the parent/guardian against the child(ren) from participating in the league.

Parent/Guardian Signature: _____ Date _____

Witness Signature: _____ Date _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD TO EXPEDITE MEDICAL TREATMENT.