



NORTHSIDE LIONS

Lions Homeschool Sports Club Emergency Treatment Permission Waiver 2017-2018 Season

Date: _____ Player Name: _____

Address: _____

Primary Phone: _____

Secondary Phone: _____

In case of emergency call: Name: _____ Phone: _____

Please list pre-existing medical conditions, such as asthma, allergies, etc.:

Any known adverse reactions to medications, etc.: _____

If so, list those medications, etc. here: _____

I/We authorize emergency medical treatment for an injury to my/our son if qualified medical personnel consider treatment necessary, providing I am unavailable to respond/advise or my emergency contact is unavailable to respond/advise. Further, I am aware that my son's participation in basketball is a potentially hazardous activity. I assume all risks associated in participation with this sport, including, but not limited to falls, obstacles in or around the court, and contact with other participants. I agree to indemnify and save harmless the coaches, volunteers, Lions Homeschool Sports Club board members, and any other participating or sponsoring organization, and all employees, officials, representatives, and agents from all claims by or on behalf of myself as a result of participation in this program. All such risks are known to me and understood by me.

Date: _____ Signature: _____

Printed: _____

Health Insurance Provider: _____

Policy Number: _____

(If possible, please provide a copy of your Health Insurance Card.)