



## Medical Release Form

ATHLETE'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

### WHO TO CONTACT IN CASE OF AN EMERGENCY

Mother's Name \_\_\_\_\_ (cell phone) \_\_\_\_\_

Father's Name \_\_\_\_\_ (cell phone) \_\_\_\_\_

Other – Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### ANY SPECIAL CIRCUMSTANCE THAT WE SHOULD BE AWARE OF?

\_\_\_\_\_

### MEDICAL INFORMATION:

Known medical problems/special concerns \_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

(Representatives of SuperNOVA are **NOT** permitted to administer any medications)

Physicians name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital preferred for emergency treatment \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

I, \_\_\_\_\_, hereby give permission to SuperNOVA to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility for \_\_\_\_\_, a minor child, while under the supervision of the aforementioned organization.

Signature of parent/guardian \_\_\_\_\_

Date \_\_\_\_\_

I verify my child is in good health and that she is in good physical condition and able to participate in the activity for which she is enrolling. I take full responsibility for her health while participating in programs and activities and acknowledge that the activity sponsored by SuperNOVA could be injurious and participant accepts his/her risk. It is agreed that SuperNOVA, its coaches and volunteers shall not be liable nor responsible for any property damage and/or personal injury and/or other loss or damage suffered by the participant, on her own behalf, or as parent or guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify SuperNOVA of any changes in health which may affect participants participation.

Signature of parent or guardian \_\_\_\_\_

Date \_\_\_\_\_