

GREENWICH RECREATION MEDICAL CONSENT FORM 2011

A medical consent form must be completed for every sport registered

NAME: _____ BIRTHDATE ____/____/____ AGE ____ M F

PARENT/GUARDIAN: _____ EMAIL _____

ADDRESS: _____

(H) PHONE _____ (W) PHONE _____ (C) PHONE _____

Family Physician's Name: _____ Phone #: _____

Insurance Coverage:

Company Name: _____ Policy #: _____

Emergency Contact: (Can be a parent)

Name: _____

Phone: _____

Relationship to child: _____

The undersigned releases from any liability, the coaches and any other person associated with the Greenwich Township Recreation Program for any expenses, charges or other costs or claims for damages or injury arising from participation in any program.

The undersigned is aware of the potential for physical injury during actual participation in and during the transportation to and from the program. The undersigned guarantees that the participant is appropriately covered by a primary medical insurance policy as specified above.

The undersigned acknowledges that the emergency contact listed on this form is authorized to act on behalf of the parent/guardian for any unexpected medical and/or hospital care in an emergency situation, excluding major elective surgery, for the above named minor during the period of the parent/guardian's absence.

Signature of Parent/Guardian: _____ Date: _____

*****IMPORTANT – PLEASE READ AND COMPLETE*****

Does your child have any allergies or medical conditions that your coach should be aware of? If so, please note here along with any medications currently being taken:

Coaches: To be verified by parent/guardian within first week of practice.

Parent/Guardian verification Signature _____