



YOUTH MANDATORY MEDICAL RELEASE & WAIVER FORM

Athletes without a completed medical release waiver on file will not be allowed to participate in the program.

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|---|---------------------------|---------------------------------|-------------|
| Player's First Name: | Last Name: | Gender: | Birth Date: |
| Address: | City: | State: | Zip: |
| Parent/Guardian First Name(s): | Last Name: | Dates Participating in Program: | |
| Parent's Day Phone #: | Parent's Evening Phone #: | Parent's Cell Phone #: | |
| Name of Emergency Contact (other than parent): | | Emergency Contact Phone #: | |
| Please list all relevant medical information such as allergies, medications or pre-existing conditions: | | | |
| <p>WAIVER:</p> <p>I, the parent/guardian of the individual, a minor (the "Player"), do hereby permit the Player to participate with The Do Right League ("TDRL") and certify that the Player's physical condition is sufficient for full participation. I understand that the Player's participation with TDRL involves an element of risk, possible danger and/or accidents. I also understand that the Player's participation at TDRL may include activities involving Players of different ages participating together. If an emergency arises during any event while the player is participating with TDRL, I authorize TDRL, its Coaches, Administrators, Management and/or Volunteers to provide or arrange transportation to and from a medical facility as needed. I assume all risk and agree to hold harmless TDRL from all claims resulting from accidents and injuries that arise from participation in any session or from transportation provided or arranged by TDRL. Knowing all of these risks, I hereby assume these risks and I hereby release and discharge TDRL from any and all liability resulting from the Player's participation in any aspect of TDRL. I understand that it is my responsibility to inform TDRL staff of any medical conditions or other special needs the Player might have and will notify the appropriate individuals of any health issues that might in any way affect the Player's active or passive participation with TDRL. I assume responsibility for any and all cost associated with treatment of the Player for any injury or health issues that arises during the Player's participation with TDRL.</p> | | | |
| Parent/Guardian Signature: | | | |
| Date: | | | |