

# MEDICAL RELEASE FORM

The participant named hereon has my permission to participate in practice, competition, events, activities and travel. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed on the registration forms. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above. By checking this form the registrant affirms having read and agreed to the terms and conditions listed above.