

UNIVERSAL ATHLETIC RELEASE

Athlete's Name

Date of Birth

My/Our child wishes to participate in the sport of _____
in the _____ School sports program during the 20__ - 20__ season.
I/We realize that there are risks involved in this participation. I/We recognize the possibility that my/our child may die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in this sport, the safety rules and procedures of the sport, the coaching instruction received nor the sports medicine care provided to athletes will guarantee safety or prevent all injuries that they might sustain. I/We agree to accept these risks as a condition of my/our son and/or daughter's participation in this program.

*

Parent

Date

*

Parent

Date

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.

OVER →

① If your son or daughter does Not have a medical condition - Please put N/A in the blank & sign (non-applicable) the form.

TO BE FILLED IN ONLY IF YOUR SON OR DAUGHTER HAS ANY TYPE OF MEDICAL CONDITION

.....
I/We realize that my/our son and daughter's _____ (medical condition) creates an additional risk and I/We discussed these risks with the athletic director, coach(es) and the sports medicine providers in a meeting on _____ (date). They explained to me/us that because of this condition the special risks for my/our daughter and/or son are (list all concerns at the bottom of this page).

I/We understand these concerns and agree to follow all directions and recommendations of my/our physician and sports medicine providers in this program. I/We also agree to accept these additional risks as a part of my/our son or daughter's participation in the program.

Concerns: _____

* _____
Parent Date

* _____
Parent Date

NOTE: A PHOTOCOPY OF BOTH SIDES OF HEALTH INSURANCE ID CARD MUST BE PROVIDED.