

Brewster Sports Center Medical Information & Consent Form

Athlete's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Birthdate: _____ Male: _____ Female: _____

Medical Information

Doctor's Name: _____ Doctor's Phone #: _____

Health Insurance Carrier: _____ Policy #: _____

Any medical restrictions/problems? _____

Any allergies or medications being taken? _____

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent. Please accept one of the parties named below as having received my permission to authorize medical treatment for my child in my absence:

Authorized Contacts for Medical Treatment:

1. _____ Phone: _____

2. _____ Phone: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Brewster Sports Center, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with sports activities, and in consideration for Brewster Sports Center accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify Brewster Sports Center, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same, which transportation I hereby authorize.

Name: _____

Parent/Legal Guardian (PLEASE PRINT)

Signature: _____ Date: _____