

MBFC MEDICAL AND RESPONSIBILITY RELEASE FORM

Player Name: _____

Medical Information: (in case of emergency)

Physician's Name _____ Phone _____

Are there any medical conditions or allergies to medications of which the coaches should be aware of:

Player's Parent or Guardian must have full health insurance coverage for the Player:

Name of Carrier _____

Address _____, State _____, Zip _____

Policy Number _____

RELEASE OF RESPONSIBILITY AND CONSENT FOR MEDICAL TREATMENT

IT IS UNDERSTOOD AND AGREED THAT MBFC COACHES, OFFICERS, DIRECTORS OR THEIR DAUGHTERS HAVE NO RESPONSIBILITY OR LIABILITY FOR ANY ACCIDENTS, INJURIES, OR HEALTH RELATED CONDITIONS THAT MY DAUGHTER/DEPENDENT MAY EXPERIENCE THROUGH ANY ACTIVITY INCLUDING, BUT IN NO WAY LIMITED TO, TRANSPORTATION, PRACTICES, SCRIMMAGES, GAMES, TOURNAMENTS OR ANY OTHER TEAM ACTIVITY.

I AS PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER AM SOLELY AND EXCLUSIVELY RESPONSIBLE FOR ANY INJURY OR HEALTH RELATED CONDITION THAT MAY ARISE FROM THE ABOVE NAMED PLAYERS PARTICIPATION IN ANY MBFC ACTIVITY WHICH INCLUDE, BUT IS IN NO WAY LIMITED TO, TRANSPORTATION, PRACTICES, GAMES, SCRIMMAGES, TOURNAMENTS OR OTHER TEAM ACTIVITIES. I SPECIFICALLY ABSOLVE THE OFFICERS, DIRECTORS, COACHES AND VOLUNTEERS OF MBFC FROM ALL RESPONSIBILITY OR LIABILITY DUE TO ANY INJURY, ACCIDENT (INCLUDING DEATH) OR LOSS OF PROPERTY THAT MAY OCCUR.

I ALSO CERTIFY THAT I , AS PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER GIVE MY CONSENT TO MBFC AND ITS REPRESENTATIVES TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, DENTIST, HOSPITAL OR CLINIC, FOR THE ABOVE NAMED PLAYER, FOR ANY INJURY THAT MAY ARISE FROM PARTICIPATION IN ANY TEAM ACTIVITY.

NAME OF PARENT OR GUARDIAN _____

SIGNATURE _____ DATE _____

RELATIONSHIP TO PLAYER _____