
Print Players Last Name

Team Age



Emergency Authorization

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the supervising adults or volunteered parents acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact attached emergency contact:

Authorization Signature

Date

Primary Insurance Carrier: _____

**This form will be carried by Team Manager in the Team Information Book to every tournament and will be used in case of emergency and parent or legal guardian is not present. (Legends Insurance Carrier will be secondary)*

Indemnity Agreement

I, the parent or legal guardian of the attached named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. I further acknowledge that parents, who volunteer their time, rather than paid professionals, primarily administer this program. In consideration for accepting the registration of the attached named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the volunteers and other representatives from any and all claims, demands, liabilities, and cause of action arising out of or relating to any injury that may result to said individual while participating in this program.

Signature of Parent or Guardian

Date