



Medical Release and Waiver Form

Athlete Name: _____ Birthdate ____/____/____ Age: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Relationship: _____

Existing Medical Coverage: _____ Plan #: _____

Known Allergies: _____

Current Medications: _____

PLEASE PROVIDE A COPY (FRONT & BACK) OF YOUR INSURANCE CARD TO THIS FORM

WAIVER:

I ("Parent/Guardian") of the individual, a minor (the "Athlete"), do hereby permit the Athlete to participate with Train`Em Up ("TEU") and certify that the Athlete's physical condition is sufficient for full participation. I understand that the Athlete's participation with TEU involves an element of risk, possible danger and/or accidents. I also understand that the Athlete's participation with TEU may include activities involving Athletes of different ages participating together. If an emergency happens to arise during any event while the athlete is participating with TEU, I authorize TEU, its Trainers, Administrators, Management and/or Volunteers to provide or arrange transportation to and from a medical facility as needed. I assume all risk and agree to hold harmless TEU from all claims resulting from accidents and injuries that arise from participation in any session or from transportation provided or arranged by TEU. Knowing all of these risks, I hereby assume these risks and I hereby release and discharge TEU, from any and all liability resulting from the Athlete's participation in any aspect of TEU.

I understand that it is my responsibility to inform TEU staff of any medical conditions or other special needs the Athlete might have and will notify the appropriate individuals of any health issues that might in any way affect the Athlete's active or passive participation with TEU.

I hereby give permission for TEU staff and/or trainer to administer prescriptions or over the counter medication as needed. I assume responsibility for any and all cost associated with treatment of the Athlete for any injury or health issues that may arise during the Athlete's participation with TEU.

Parent/Guardian's Signature

Date

Parent/Guardian's Printed Name