



SPORTS TEAM RELEASE FORM

Student's Name: _____ Date of Birth: _____

Home Address: _____ Home Telephone: _____

Father's Name: _____ Work Telephone: _____

Mother's Name: _____ Work Telephone: _____

I am the above child's () parent OR () legal guardian. Please explain: _____

IN AN EMERGENCY, IF YOU CANNOT REACH ME, PLEASE CONTACT: _____

at telephone number: _____.

Contact's address: _____

Contact's relationship to child: _____

Doctor's name: _____ Telephone number: _____

Preferred hospital: _____

Medical Insurance Plan and #: _____

KNOWN ALLERGIES: _____

SUGGESTIONS OR RESTRICTIONS REGARDING ANY SPECIAL HEALTH CONDITIONS:

LAST TETANUS: _____

LIST ANY MEDICATIONS: _____

I, _____, parent or legal guardian of _____
hereby give consent for him/her to participate in _____ (sport) and I waive
any liabilities that CAWNY, its teachers, coaches and/or administrators may have to me or my child as a
result of any injury to my child because of my child's participation in this sport.

Parent/Guardian Signature

Date