



Memphis Falcons

Waiver and Release Form

Child's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

DOB: _____ Male _____ Female _____

School: _____ Grade: _____

Parent/Guardian: _____

Phone: _____ (H) _____ (W) _____ (C)

Email Address: _____

What church do you attend? _____

Has your child ever participated in organized sports before? _____

If so, what sports _____

Family Physician: _____ Office Number: _____

Preferred Hospital: _____

Do you have medical insurance? _____ Insurance Provider: _____

Emergency Contact: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Special Medical Conditions: _____

Any Medications: _____

WAIVER AND RELEASE

In case of an emergency, I do hereby authorize you to obtain emergency medical care and treatment on my behalf. I release the Memphis Falcons, staff and volunteers from claim or liability due to injury or illness. I attest to the fact that I am covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I understand that this is a MEDICAL RELEASE AND AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT.

Furthermore, I hereby release, discharge, indemnify and agree to hold harmless the Memphis Falcons, its directors, officers and employees, agents and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered at all tryouts, practices, games, team functions and/or while traveling to or from such in volunteer provided transportation.

Signature: _____ Date: _____