

Participants Name		
Age	Grade	M / F
Address		
City	Zip	
Phone	Cell	
Email		
Parent/Guardian Name		

Medical Info and Waiver/Release Form
Please bring with you to first meeting.



Office Use only:

Location: _____

Program: _____

Date: _____

DOES YOUR CHILD HAVE ANY ALLERGIES? YES NO EXPLAIN _____

DOES YOUR CHILD HAVE ANY DISABILITIES? YES NO EXPLAIN _____

IS YOUR CHILD ON ANY MEDICATION? YES NO EXPLAIN _____

IS THERE ANY OTHER INFORMATION WE SHOULD BE MADE AWARE OF REGARDING THIS PARTICIPANT?
 YES NO EXPLAIN _____

MASTER SPORTS (MASTER CONCEPTS LLC) WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in this Master Sports activity, I hereby acknowledge and agree that:

1. Master Sports (Master Concepts LLC) does not maintain health insurance for injuries to the participants that may arise out of involvement in this program.
2. By virtue of participation, participants risk bodily injuring including, but not limited to, paralysis, dismemberment, death, and other loss including damage to property.
3. I acknowledge and freely assume all such risk for my child (and/or myself).
4. I release and hold harmless and promise not to sue Master Sports (Master Concepts LLC), its officers, agents, employees with respect to any loss except which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
5. I agree to inform my child that he/she must follow (or I agree to follow) all safety rules as well as any others during league, camp or class activity including practices and games.
6. I hereby authorize and give my consent for medical care to be given in an emergency situation to the below named child (or to myself) while participating in this activity including during practices and games.
7. This agreement is binding on heirs, personal representatives, next of kin, spouse and assigns.
8. I hereby give permission for the following named child (or myself) to be photographed, videotapes or recorded for publicity purposes and I waive all claims for compensation.
9. I certify to the best of my knowledge, my child's current physical condition is satisfactory for participation in this activity, and that he/she is free of any health problem that would affect his/her ability to participate. Please note: individuals with health conditions such as, but not limited to, chronic allergies (i.e. asthma), seizures, and epilepsy, may not participate until a medical clearance has been submitted. In addition, the coach must be notified of any health condition prior to participation.

Parent/Guardian Name: (print) _____ Relationship: _____

Parent/Guardian Signature: _____ Date Signed: _____