JC PARK\$ INDEMNIFICATION FORM

PLEASE COMPLETE AND RETURN TO YOUR TEAM'S HEAD COACH

Participant Name (Last, First, Middle):						
Participant's grade:						
Participant's Date of Birth://						
Parent(s) Name:						
Address (Street, City, Zip code):						
Phone Numbers:	one Numbers: Day: Evening:					
E-mail:						
	INDEMNIFICATION BY GUARDIA	N OF PARTICIPANT				
The undersigned guardian of agrees to save and indemnify the Department of Parks, Recreation and Forestry and it's personnel, coaches and the sponsor of the youth sport team against any and all liability, claims, judgments, or demands for damages arising as a result of injuries sustained while participating in Parks and Recreation programs. The undersigned guardians further acknowledge the inherent risks of participation in sports and recognize that injuries, some serious, can and do occur as a result of such participation.						
TREATMENT AUTHORIZATION						
The undersigned guardian(s) certify that is free from communicable diseases and fit for full participation in sports. The undersigned guardian(s) hereby grant consent for all medical care prescribed by a duly licensed physician for the participant. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of the participant.						
Physician:						
Phone Nun	nber:					
Hospital Preference:						

EMERGENCY CONTACT PERSON

In the	e event that	you are	unable to	o be rea	ched in	an eme	ergency,	, who	would	you lik	e the	coaching	staff	or
hospi	tal to contac	t?												

Names		
Name:		
Relation to participant:		
Phone number:		
L		
	RECOGNIZED MEDICAL CONDITIONS	
•	nedical conditions that the coaching staff should ency, is he/she allergic to any medications, is he/she	•
As the parent/guardian of the ould occur while participating	participant, I understand that physical contact win youth sports.	which may result and injury
ignature of parent or guardia	า:	Date:

THANK YOU FOR TAKING TIME TO HELP US INSURE YOUR CHILD'S SAFETY

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