

2009 STICK WITH IT!™

7 v 7 Turkey Shoot

Danville

Medical Release and Emergency Contact Authorization Form

You will not be able to participate without submission of the Medical Release and Health History Forms.

NAME: _____ BIRTHDATE: _____
ADDRESS: _____ PHONE: _____

Dear parent/guardian: The medical consent and emergency contact authorization form is necessary for the health and well-being of your child/ward. Failure to complete and deliver this form on or before the day of competition will result in rejection of the tournament application.

I. CONSENT TO EMERGENCY MEDICAL TREATMENT

- A. I hereby authorize and consent to emergency medical treatment for my child/ward while enrolled in the STICK WITH IT!™ Fifth Annual Turkey Shoot. The STICK WITH IT!™ Fifth Annual Turkey Shoot has my permission, in an emergency when I cannot be contacted, to take my child/ward to the emergency ward of the nearest hospital, and the hospital and its medical staff have my authorization to provide treatment which a physician deems necessary for the well-being of my child/ward.
- B. I hereby authorize and consent to non-emergency first-aid for my child/ward while enrolled as a participant in the STICK WITH IT!™ Fifth Annual Turkey Shoot as deemed necessary by the staff of the STICK WITH IT!™ Fifth Annual Turkey Shoot.

Signature of Parent/Guardian: _____ Date: _____

II. AGREEMENT TO PARTICIPATE

I assure that you and your child/ward understand and accept the risk of participation in the STICK WITH IT!™ Youth Player Clinic, you must both sign the applicable sections below. Failure to complete this section will result in rejection of the application.

A. CAMPER AGREEMENT (to be signed by camp participants)

I understand that some of the STICK WITH IT!™ Fifth Annual Turkey Shoot activities could cause injury to me. I am willing to assume the risk. I also understand that the best way to make sure that I remain safe and avoid injury is to follow all instructions of the staff of STICK WITH IT!™ Fifth Annual Turkey Shoot. I agree that I will learn all the rules and regulations and will follow all instructions of the staff of STICK WITH IT!™ Fifth Annual Turkey Shoot.

Signature of Camper: _____ Date: _____

B. CAMPER AGREEMENT (to be signed by parent/guardian of all participants)

I agree to allow my child/ward to participate in the STICK WITH IT!™ Fifth Annual Turkey Shoot and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities of my child/ward will engage in at the STICK WITH IT!™ Fifth Annual Turkey Shoot, which may cause serious injury and even death. I also understand that, despite safety cautions, STICK WITH IT!™ Fifth Annual Turkey Shoot cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume this risk. To minimize the risk, I have instructed my child/ward to obey all rules, regulations, and instructions of the staff of the STICK WITH IT!™ Fifth Annual Turkey Shoot. I acknowledge that STICK WITH IT!™ Fifth Annual Turkey Shoot can only accept responsibility of its own negligence or intentionally wrongful acts in connection with my child's/ward's participation in the STICK WITH IT!™ Fifth Annual Turkey Shoot and hereby release and hold harmless STICK WITH IT!™, STICK WITH IT!™ Lacrosse, STICK WITH IT!™ Fifth Annual Turkey Shoot, Town of Danville, Osage Park, Greenville Elementary School, their employees, owners, officers, administrators, agents, representatives, students, affiliates, successors and assigns from all other claims, actions, cause of actions, suits, judgments, and demands. I acknowledge and I have read and understood this form and that the terms herein are contractual and are not a mere recital.

Signature of Parent/Guardian: _____ Date: _____

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Participation Health History Form

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NAME: _____ BIRTHDATE: _____
ADDRESS: _____ PHONE: _____

Please respond to the following bullets by circling yes or no.

Do you have now or have you had in the past, problems with: If yes, please explain

- | | | |
|--|----------------------|----|
| • Headaches-needing treatment | YES | NO |
| • Heart | YES | NO |
| • Breathing (Asthma) | YES | NO |
| • Abdominal Pain | YES | NO |
| • Epilepsy | YES | NO |
| • Eyes (Except eyeglasses) | YES | NO |
| • Hearing or Ears | YES | NO |
| • Diabetes | YES | NO |
| • High Blood Pressure | YES | NO |
| • Allergies | YES | NO |
| • Sickle Cell Anemia or Trait | YES | NO |
| • Broken Bones | YES | NO |
| • Concussion | YES (How many?)_____ | NO |
| • Spine or Neck Injury | YES | NO |
| • Kidney Disorders | YES | NO |
| • Loss of Consciousness | YES | NO |
| • Any Injury that Required Hospitalization | YES | NO |

The foregoing information is accurate to the best of my knowledge. I am aware that inaccuracies or omissions may jeopardize my child/ward's health.

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact and Insurance Information

Person to contact in an emergency _____

Relationship: _____ Phone: _____

Medical Insurance Company/Plan: _____

Phone: _____ ID Subscriber: _____

Policy#: _____

Address where claims should be mailed: _____

Is this Insurance Company an **HMO** or **PPO**?

YOU MUST ATTACH A COPY OF YOUR INSURANCE IDENTIFICATION CARD.

Copy of Participant's Insurance Card

Copy of Participant's Insurance Card

FRONT OF INSURANCE CARD

BACK OF INSURANCE CARD