

Quad City



Area Knights

MEDICAL RELEASE FORM

The undersigned parent or guardian of the minor child named below (player), realizing that the Quad City Area Knights is a nonprofit corporation and that the athletic program is supervised by volunteers; consents, agrees and binds the parent or guardian, including all heirs and assigns to the following matters regarding player's participation in QCA Knights activities.

- 1) In consideration of the benefits derived by the player's participation in said program, we hereby consent, approve and agree to indemnify and hold and save harmless QCA Knights, its agents, representatives, officers, coaches, managers, and board members from and against all actions or causes of actions, claims, demands, liabilities, loss damage or expense of whatever, which may be sustained or incurred by virtue of injury, illness or damage to us or the player resulting or growing out of participation in any program of the QCA Knights.
- 2) In the case of serious accident or illness, and in the case I cannot be reached, I authorize the coach or assignee to provide or arrange for appropriate emergency care. If an emergency transport is necessary, I authorize the same to summon an ambulance to transport the player to the hospital or nearest medical treatment facility based on conditions pertaining to the incident. I understand that if the situation warrants, I may not be notified until after transport has been initiated. I agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Player's Name

Age Group/Team

Date of Birth

Physician's Name

Phone Number

Allergies or other known conditions

Parent's Signature

Date