

Name: _____ Phone Number: _____

PVYA Track and Field Medical Information and Waiver

Medical Information

Physician: _____

Phone Number: _____

Insurance Company: _____

Policy Number: _____

Allergies: _____

Known Medical Conditions _____

Parents/Guardian Name (s) _____

Emergency Contact Name _____

Phone _____

Relationship _____

PVYA Track and Field/Cross Country Waiver of Responsibility.

_____ (Player Name) has my permission to participate in the PVYA (Potomac Valley Youth Association) Track and Field and Cross Country Programs. I agree that I will not hold PVYA or it's officers, coaches or members responsible for any injuries that he/she may incur while participating in a PVYA youth sports program. Also, I have verified that all information on this form is correct to the best of my knowledge. The aforementioned player has my permission to participate in PVYA sponsored practices, events and games. I realize by participating in these activities he/she may become injured. I certify that he/she is physically able to participate in a competitive softball program. I give my permission for any or all medical attention necessary to be administered to the above named participant in the event of an accident, injury or sickness, under the direction of the PVYA Coach, official or authorized person (s) named above until such time I can be contacted. I assume responsibility for payment of any such treatment. In consideration of being permitted to participate in PVYA youth activities, I do hereby for myself, and as parent and/or legal guardian of

_____ (Player name) my heirs, executors, administrators, agents and assignees release forever and discharge event sponsors, coaches, PVYA or their agent, predecessors, successors, and assignees and all other persons involved, in organizing and managing these events from all claims, demands, losses, damage actions, cause of actions or suits of law or in equity of whatsoever kind of nature arising out youth activities, including without limitation, any claims for personal injuries or loses to the aforementioned participant, which I may otherwise be able to assert on my own behalf or on the behalf of that aforementioned participant.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date