

Ecumenical Athletic Association

68 Dracut Street ◊ Lowell, MA 01854 ◊ 978-453-2834

*Sports medical Form*

**Ecumenical Athletic Association  
Medical Treatment and Liability Release Form**

We, the undersigned parents, request that our daughter / son, \_\_\_\_\_ participate in (check one):  Soccer  Volleyball  XC  Cheerleading  Basketball  Bowling  Baseball  Softball  Track & Field  Tennis for the \_\_\_\_\_ School as a member of the Ecumenical Athletic Association. We do not hold any coach, League Directors or Board Members, or anyone connected with the facilities used by the Ecumenical Athletic Association responsible for any injury or illness incurred by our child during the course of any scheduled practice, game or competition.

We further acknowledge, understand, and agree that by our child taking part in any sport, there is a possibility of physical illness or serious injury, including but not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs and serious injury to bones, ligaments, joints, and tendons, and that the participant is assuming the risk of such illness or injury by participating in any sport sponsored by the League.

INSURANCE COMPANY INFORMATION			
Insurance Company Name			
Insurance Company Address			
Insurance Policy Number			
Subscriber's Name			
Student-Athlete's Name		Parent/Guardian Name	
Date of Birth			
Address		Telephone Number	
City, ST, ZC		Cell Number	
Emergency Contact/ Relationship to Athlete			
Emergency Telephone Number			
Please list any medications prescribed for the student:			
List any allergies:			
List any medical conditions that we should be aware of:			
In the event of an emergency and we cannot be reached, we give permission for medical treatment for our child. In case of serious injury, the child will be transported to the hospital by ambulance.			
Parent/Guardian Signature:		Date:	
Parent/Guardian Signature:		Date:	
e-mail address			