

# Howell Athletic Association of Christian Home-educators

## Player Medical Release & Hold Harmless Agreement

**Please print!!!**

<b>Team Name:</b>		<b>Year: From-To:</b>		
Players Last Name	First Name	Jersey #	Birth Date	Age
Telephone	Street Address	City	<b>MI</b>	Zip Code
<b>Parental Information</b>				
Parents Last Name	Fathers First Name	Mothers First Name		
Father's place of employment	Address			
Work Number	Ext.	Cell Number		
Mother's place of employment	Address			
Work Number	Ext.	Cell Number		
<b>Emergency &amp; Medical Information (Emergency Contact: other than parent)</b>				
Last Name	First Name	Relationship	Phone	
Last Name	First Name	Relationship	Phone	
Family Doctor		Phone:		
Medical Insurance Company:		Hospital Preference:		
Policy/contract number:		Group Number:		
Medication/Food allergies:				
Other Medical conditions that the tournament director should know.				

**Emergency Authorization:** I hereby give permission for my above-named minor child to receive medical and/or emergency surgical treatment and/or transport. Non-emergency medical treatment or elective surgery is not included in this authorization. We understand that HAACH is a volunteer program and will not hold the organization or any organization volunteers responsible for injuries that may occur while participating in HAACH activities.

**Agreement:** I have read the above emergency authorization and the homeschooling criteria and fully understand the terms of each. By signing this I agree to these terms, and I do so freely and voluntarily and without inducement for myself and on behalf of the above player. I certify that the information I have provided above is true and correct to the best of my knowledge.

### Hold Harmless Agreement

The undersigned agrees that he/she will indemnify and hold free and harmless Howell Athletic Association of Christian Home-Educators, Inc (HAACH), Howell, MI, its administration, staff, governing board, directors, officers, agents, and coaches from any and all claims or actions for personal injury, sickness or disease, including personal injury suffered by the player named below, if caused by the acts or omissions of Howell Athletic Association of Christian Home-Educators, Inc (HAACH), Howell, MI, its administration, staff, governing board, directors, officers, agents, and coaches, and the undersigned will pay any and all judgment, decrees, costs, including attorney fees, which may be rendered against Howell Athletic Association of Christian Home-Educators, Inc (HAACH), Howell, MI, its administration, staff, governing board, directors, officers, agents, and coaches, in any and all such actions or proceedings.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_