

Parental Authorization and Medical Release Form

As the parent/legal guardian of _____, I hereby do give approval for their participation with **The Long Island Bandits** in all any and all activities. I request that in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I also hereby give permission to managing personnel or their representatives to authorize and obtain medical care, at my expense. I request and authorize physicians, dentists, and staffs duly licensed as Doctors of Medicine or Dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above mentioned minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above mentioned minor. I assume all risks and hazards incidental to my child's participation, including participation in activities and transportation to and from the activities; and hereby waive, release absolve, indemnify and hold harmless **The Long Island Bandits**, the organizers, coaches, managers, sponsors, officers, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

Player Date of Birth ___/___/___ Date of last tetanus booster ___/___/___

Known allergies (including medications) _____

Medical problems _____

Family Physician: _____ Phone _____

Parent or Guardian _____

Address: _____

Phone (Home) _____ (Work) _____

(Cell) _____

Person to identify if parent or guardian is unavailable: _____

Phone: _____

Insurance carrier _____ Policy Number _____

Signature of Guardian _____ Date _____