

Waiver of Liability

2012 Trashketball Tournament



I give my permission for my child to attend and participate in Trashketball on Sunday, March 18th, 2012 at Central Bucks East High School. I hereby release and hold harmless Covenant Church, its staff and volunteer youth workers, from responsibility and liability for any injury or illness that my child may sustain during this event. I expect to be contacted as soon as possible should injury occur. I authorize a Covenant Church adult leader, as an agent for me if I cannot be contacted, to consent to an x-ray examination; medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under laws of the state where services are rendered, either at a doctor's office, any hospital, or at any clinic.

Student Name: _____

Emergency Phone #(s): _____

Parent/Guardian Name: _____

Address: _____

Family Doctor: _____ Dr. Phone #: _____

Medical Insurance: _____ Policy #: _____

Allergies: _____

Parent/Guardian Signature: _____ Date: _____

Comments: _____

