



## Medical Authorization Form

(For **ALL** Coastal Athletics sports activities, clinics and camps)

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Child's Address: \_\_\_\_\_  
State Zip

Home Phone #: \_\_\_\_\_ Work#: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone#: \_\_\_\_\_

### **Consent and Certification**

I, the undersigned, being the parent of legal guardian of the child named above, do hereby consent to the participation of my child in Coastal Athletics activities.

### Medical Questionnaire

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes or No (if yes, explain): \_\_\_\_\_

\_\_\_\_\_

### **Medical Treatment Authorization**

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I understand that Coastal Athletics are not responsible for medical expenses incurred, but that such expenses will be my responsibility as parent/guardian. I agree to notify Coastal Athletics staff of any health changes that would restrict my child's participation. I also understand that the adult supervisors reserve the right to restrict my child from participation if they do not feel my child is within the physical capabilities. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assignees.

Medical Insurance Company \_\_\_\_\_ Claim# \_\_\_\_\_

Group \_\_\_\_\_ Name of Insured \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Player Signature \_\_\_\_\_ Date: \_\_\_\_\_