

# CAWNY EAGLES



## SPORTS TEAM RELEASE FORM

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Number #1: \_\_\_\_\_

\_\_\_\_\_ Cell Number #2: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

I am the above child's ( ) parent OR ( ) legal guardian. Please explain: \_\_\_\_\_

IN AN EMERGENCY, IF YOU CANNOT REACH ME, PLEASE CONTACT: \_\_\_\_\_

at telephone number: \_\_\_\_\_.

Contact's address: \_\_\_\_\_

Contact's relationship to child: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Telephone number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_

Medical Insurance Plan and #: \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

SUGGESTIONS OR RESTRICTIONS REGARDING ANY SPECIAL HEALTH CONDITIONS:

\_\_\_\_\_

LAST TETANUS: \_\_\_\_\_

LIST ANY MEDICATIONS: \_\_\_\_\_

I, \_\_\_\_\_, parent or legal guardian of \_\_\_\_\_  
hereby give consent for him/her to participate in \_\_\_\_\_ (sport) and I waive  
any liabilities that CAWNY, its teachers, coaches and/or administrators may have to me or my child as a  
result of any injury to my child because of my child's participation in this sport.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date