



UTC FIRE HEALTH & RELEASE FORM

Return this form by email to UTCbullis@gmail.com or Bring to your first practice

Player Name - _____

Age Level Team - _____

School - _____ DOB: _____

Address _____

City _____

State _____ Zip _____ Guardian's Phone (_____) _____

Player's Phone (_____) _____

Emergency Contact Number if Different than Above (_____) _____

Person to contact in the event guardians cannot be reached. _____

Relation: _____ Phone number of emergency contact person (_____) _____

HEALTH & GENERAL HISTORY: If the player should be restricted from any activity please note:

Please identify any medical condition or medical history that would require special attention:

I hereby certify that the named player is in good health and fully able to participate in all activities and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit her participation in such a program:

Dated: _____ Signature of Parent or Guardian: _____

HEALTH INSURANCE INFORMATION

Carrier Name: _____ Policy Number: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

I, the parent (guardian) of _____, give permission for the named player to receive emergency medical or surgical treatment and hospitalization if necessary. I understand that every attempt will be made to contact me, or the emergency contact named above, before taking this action. I will be financially responsible for any medical attention needed resulting from an injury received while in the care of UTC Fire. My medical insurance shall be the insurance coverage for any medical treatment. I further agree that my child can receive over-the-counter remedies. (Tylenol, Sudafed, etc.) Please initial this box if you do not want your child to receive over-the-counter medications.

I HAVE READ THE POLICIES AND FULLY UNDERSTAND MY OBLIGATIONS STATED THEREIN AND ALSO THE RIGHTS OF Ultimate Team Camps/UTC Fire, AND HERBY AGREE TO ACT IN ACCORDANCE.

I also agree that my child may be transported by bus and/or organization vehicle to an off-site gymnasium or for emergency medical treatment. The undersigned further expressly agrees that the attached waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by law and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Dated: _____ **Parent or Guardian:** _____

Rev. 2/16/2021

RELEASE OF LIABILITY – READ BEFORE SIGNING

In consideration of my minor child/ward _____ (“my child”) being allowed to participate in this program, its related events and activities, I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of serious injury from the sports activities involved in this program is always present due to the nature of the sport (s); and
2. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child’s participation; and
3. I willingly agree to comply with the program’s stated and customary terms and conditions for my child’s participation.

If, however, I observe any unusual significant concern in my child’s readiness for participation and/or in the program itself, I will remove my child from participation and bring such to the attention of the nearest official immediately; and

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Ultimate Team Camps/UTC Fire, its affiliates, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used for activity (“Releases”), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY, regarding my child and/or arising from his/her activities, WHETHER ARISING FROM NEGLIGENCE OF THE RELEASEES OR OTHERWISE, except for willful misconduct, or otherwise to the fullest extent of the law. I HAVE READ THIS HEALTH FORM AND RELATED CERTIFICATIONS, THE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND THEIR TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Dated: _____ **Parent or Guardian:** _____

Signature: _____