

APPENDIX C | MEDICAL CARE CONSENT FOR MINOR ATHLETES – PARENT / GUARDIAN AUTHORIZATION & MEDICAL RELEASE FORM TEMPLATE

As the parent or legal guardian of (**player’s name**) _____, I hereby give authorization for participation in any and all (**league name**) _____ and / or Junior Roller Derby Association League activities. I hereby grant permission to managing personnel and league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic, in the event my player becomes ill or injured while participating in league activities when neither parent(s), nor legal guardian(s) are present to grant authorization for immediate treatment. I assume all risks and hazards incidental to such participation, including transportation to and from league activities, and hereby waive, release, indemnify, and agree to hold harmless the JRDA and any Junior Roller Derby Association Member League and its agents, designees, representatives, officers, and employees from any and all claims arising out of the player’s participation in any and all league activities.

BY SIGNING BELOW, I AM CERTIFYING THAT I **HAVE READ AND UNDERSTAND** THE PARENTAL AUTHORIZATION / MEDICAL RELEASE. I VERIFY THAT I HAVE COMPLETED THIS FORM AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I FURTHER AGREE TO ABIDE BY THE RULES / GUIDELINES SET FORTH BY THE (**LEAGUE NAME**) _____ AND THE JUNIOR ROLLER DERBY ASSOCIATION.

Player’s Legal Name:	
Player’s Signature:	
Date:	

Parent / Guardian Name:	
Parent / Guardian Signature:	
Date:	