

Greater Cabarrus Athletic Association (GCAA)
Medical Consent / Waiver of Liability and Release
20__ - 20__ (academic year)

Player Name (as appears on birth certificate)	Birthdate	Sport(s) / Program
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Address of Registrant	City, State, Zip
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Parent / Legal Guardian Full Name	Home Phone	Cell Phone
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Additional Person to Contact in an Emergency	Address	Cell Phone
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Medications now being taken	Date of Last Tetanus Shot
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Registrant is Allergic to these Medications and Substances

List any Unusual Health Information

I (we), the undersigned, residing in the county of _____, state of _____, the parent / legal guardian of the above registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all sports-related activities with the above mentioned association.

I (we) agree that we and the registrant will abide by the rules of GCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the sport and in consideration for GCAA accepting the registrant for their sports programs and activities (the " Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify GCAA, their affiliated organizations and sponsors, their associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above association from any and all liability, claims or demands arising from the registrant participating in the Programs with GCAA specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Programs, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information: Name of Insurance Company	ID Number	Confirmation Number
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Parent / Legal Guardian Signature (electronic signature not permitted)	Date
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Original (Program)

Copy (GCAA)