



MEDICAL WAIVER FORM

Player: _____

Team. _____

Law requires us to obtain parental and/or guardian permission so that in the event of an emergency, medical attention can be administered to minors.

The following consent statement MUST be signed by a parent or guardian indicating that, should medical procedures be required in an emergency, they can be performed without undue delay. Parents and/or guardians should be assured that no major surgery or procedure will be performed, except in extreme emergency circumstances, without the direct consent and communication with the parent(s) or guardian(s).

As parent or legal guardian of the player, I waive and release the representatives, employees, and volunteers of Long Island HEAT of any/all fights and claims for damages to person or property which may occur because of participation in the softball program, whether paid damages, injury or loss are due to negligence or not. This not being limited to facility/field play, as well as transportation to/from any/all Long Island HEAT sponsored events

PLEASE SIGN BELOW AFTER EACH STATEMENT

I give my permission for emergency diagnostic and therapeutic procedures as may be deemed necessary for my child and provide information concerning my child's medical condition to the reasonable Long Island HEAT representatives when deemed necessary.

PARENT/GUARDIAN SIGNATURE

DATE

My child is in good health and has my permission to participate in the Long island HEAT program. My child has no previous sickness, medical condition, disease, or bodily injury, which is in any way a constraint or restriction to participate in the Long Island HEAT program.

PARENT/GUARDIAN SIGNATURE

DATE