



Emergency Information & Medical Waiver

Please Read and Print Information Clearly:

While benefits derived from participation in domestic and/or international sports training and competitions, there are also calculated risks involved in such training and competitions as applicable. Both participants and parents/guardians are hereby advised that an element of risk is present that could result in physical injury, economic loss or other serious damage to person or property from such participation. In the event that an injury arises during training or competition, I understand that medical expenses are to be my sole and personal responsibility.

Being fully aware of the hazards and possible consequences involved, and being legally competent to give consent, I hereby consent and further agree to hold Dailey Training, LLC and its officers, directors, employees, agents, and professional staff harmless from and against any and all demands, damages, costs, expenses, or liabilities resulting from or incurred because of or incidental to my participation in _____(sport) training/competitions.

I have read this statement, understand its contents, and execute it of my free will and choice, and do so to benefit the best interest of myself/child.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

Signature of Participant: _____ Date: _____

Print Participant's Name: _____



Please clearly print information below:

Legal name of Participant: _____

Parent or Guardian Name: _____

Home Address: _____

Home Telephone: _____ Daytime Number: _____

Cell Phone (Mobile) Number: _____

Additional person to contact if parents/guardian is not available (Emergency Contact):

Name: _____ Relation: _____

Telephone Number: _____

Medical Insurance Information:

Policy Holder's Name: _____ Relation: _____

Insurance Company: _____ Policy Number: _____

Telephone Number: _____ Address: _____

Physician's Information:

Physician's Name: _____ Telephone Number: _____

Address: _____



Medical History:

Does the athlete have any of the following (Yes or No)

Asthma: _____ If yes, does the athlete have an inhaler/pump? _____

Drug Allergies: _____ If yes, please list: _____

Food Allergies: _____ If yes, please list: _____

Insect Bite Allergies: _____ If yes, please list: _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent/legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry, under conditions deemed necessary.

Parent/Guardian: _____ Date: _____