

## 3 on 3 Tourney — Permission / Medical Release Form

I, (parent/guardian) \_\_\_\_\_, give my son or daughter, permission to participate in the **United 3 on 3 tournament at Trinity Church, on Saturday, April 28th, from 9 am- approx. 4:00pm.**

I understand that my child may be playing basketball and will be exposed to all the risks inherent in these activities. I understand that these sports involve significant risk of serious injury. I acknowledge that my signature testifies that my child is physically fit and able to participate in the activities for which he/she has signed up. Should an accident or injury of any kind occur while my son/daughter is participating, I release Trinity Evangelical Free Church, along with their pastors, boards, directors, leaders, sponsors and all additional adult chaperones from any responsibility or liability for the accident or injury and from any claim for damages from the accident or injury. In the event that emergency medical treatment is required, I give my permission to the trip leaders/chaperones to secure necessary treatment from qualified medical personnel.

# Student Information

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone \_\_\_\_\_

Mother's work phone: \_\_\_\_\_ Father's work phone: \_\_\_\_\_

Emergency Contact other than parents (name/phone) \_\_\_\_\_  
(please do not skip!)

Family Doctor: (name/phone) \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Significant Medical History/Special needs: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Group #: \_\_\_\_\_ Policy #: \_\_\_\_\_

I have carefully read and understood this entire document before signing it.

Participant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_