NCSAA Athlete Medical Information and Tournament Waiver Form

No player will be permitted to participate in any NCSAA tournament if NCSAA does not have a completed, current, and valid form on file for that player. No registration fees will be refunded for any player or team that is unable to participate in part or all of any tournament due to the failure to complete and file the Medical Information and Waiver Form. A new form must be submitted for every tournament that each player attends.

Please print and complete this form (PRINT CLEARLY, please), and *give it to your coach*.

Player's name: _____ Grade in school: _____

Player's school: _____

Player's home address: _____

City: _____ State: _____ Zip Code: _____

Names(s) of parent(s) / guardian(s) with whom player lives: _____

Parent/guardian home phone #: _____ Parent/guardian cell phone #(s): _____

Name / phone number(s) of person to call if parents can't be reached: _____

Which sport is this athlete playing in this tournament? _____

I understand, by the nature of the activity, that there is a possibility of accident, and I assume the risk and responsibility while my child attends this tournament. I hold harmless NCSAA and / or its representatives, as well as the host facility / school and its representatives, for any injury that my child may sustain during participation in this tournament. I also forfeit legal action or compensation claims against NCSAA and / or its representatives, or against the host facility / school and / or its representatives, for injuries my child may sustain. I, as parent / guardian of a minor student, consent to emergency care to be administered to the minor as deemed necessary by the involved physician and / or hospital which is to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility, and that NCSAA and the host facility / school and coaches do not have medical insurance coverage for injuries to the minor as a student participant.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Carrier: _____ ID Number: _____

Group Number: _____ Physician / phone number: _____

Date of Birth: _____ Social Security Number (optional): _____

Medications: _____ Allergies: _____

Important medical history: _____

_____

Any other medical conditions: _____

_____

This is to certify that my dependent has had a physical examination and is able to participate in the activities.

Parent/Guardian Signature: _____ Date: _____