

NEK Nighthawks Medical Release & Waiver Form

As the parent/legal guardian of _____,

I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth: _____

Any other medical problems which should be noted:

Family Physician: _____ Phone: _____

Parent(s)/Guardian: _____

Address: _____

City/State/Zip: _____

Phone: 1) _____ 2) _____ 3) _____

WAIVER

Recognizing the possibility of physical injury associated with YOUTH SPORTS, I hereby release, discharge and/or otherwise indemnify the Northeast Kansas Homeschool Activities, Inc., dba Northeast Kansas Nighthawks, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for 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 I hereby authorize.

Signature of Parent/Guardian: _____

City/State/Zip: _____

Date: _____