Green Gables Volleyball and Horseshoe Leagues -- 2010

Medical Release Form

Mandatory for All Minors

_____

Name Age DOB

_____

Address Phone

_____

Name of Parent or Guardian Evening Phone

_____

Address

_____

Insurance Co. Policy

(Participant), _____, has my permission to participate in activities at the Green Gables Restaurant and it's owners/employees will not be held liable in the event of an accident or injury.

_____

Signature of Parent/Guardian Date

If during the course of my son/daughters activities he/she should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.

_____

Signature Date

I DO NOT authorize emergency medical/dental care for my son/daughters injury.

_____

Signature Date