

**TEAM ARIZONA
Waiver and Release of Liability**

Player's name _____ Date _____

Birth date _____ Age _____ Grade _____ Home phone _____

Address _____ Zip code _____

Father/Guardian _____ Cell phone _____

Mother/Guardian _____ Cell phone _____

Doctor _____ Phone _____

Insurance Co. _____ Policy Number _____

Nearest friend or relative _____ Phone _____

Email Parents: _____

***We will notify Team Arizona if and when insurance changes.**

HEALTH PROBLEMS

Specify _____

Medication _____

CONSENT FOR EMERGENCY CARE

Be it known that in the event that my child _____ needs medical attention and I, the parent, cannot be reached, I grant the Team Arizona coaching staff permission to make necessary decisions accordingly. I do give and grant unto any medical doctor or hospital my consent and authorization to render such aide, treatment or care, in the event, the above player, should be injured or stricken ill during a Team Arizona practice or training session. It is understood that the insurance company or the parent/guardian of the player will pay for any expenses incurred. Payment of the expense will not fall upon Team Arizona or any of their coaching staff.

_____ **Yes, I give my consent for my child to participate with Team Arizona in trainings and practices.**

Parent Signature _____ Date _____