

**IREDELL COUNTY SHERIFF'S ATHLETIC LEAGUE
MEDICAL CONSENT/ WAIVER OF LIABILITY**

Player First Name	M Initial	Last Name	Full Team Name	Jersey #
<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date			

Address

Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone
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Additional Person to Contact in an Emergency Address	Home Phone	Cell Phone
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Date of Last Tetanus Shot	Medications now being taken
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Player is Allergic to these Medications and Substances

List any Unusual Health Information

I (we), the undersigned, residing in the county of _____, NC, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all athletic activities with the above mentioned athletic team affiliated with the Iredell County Sheriff's Athletic League (ICSAL).

I (we) agree that we and the Registrant will abide by the rules of the ICSAL, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with athletics and in consideration for the ICSAL accepting the Registrant for its athletic programs and activities (the Programs), we hereby jointly and severally release, discharge and/or otherwise indemnify the ICSAL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.
The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:

Name of Insurance Company: _____	_____
ID Number: _____	Parent/ Legal Guardian
Confirmation Number: _____	