



## Waiver and Medical Treatment Authorization

I do hereby give my approval to my son/daughter's participation in this sport and in the tryout, and/or training, and/or program, and I assume all risks and hazards in these activities and transportation to and from these activities. I do hereby release and hold harmless Real Athletics, LLC, its organizers, directors, officers, sponsors, trainers and coaches.

I do hereby give my permission to any responsible person with Real Athletics, LLC, in the event of an emergency, if I cannot be contacted by normal efforts, to authorize emergency medical treatment in any area hospital for the child herein named.

Date:

Print Your Name:

Print Player's Name:

Address: \_\_\_\_\_

Email

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Signature:

## Player Medical Information

Health Insurance

Company\_\_\_\_\_

Policy#\_\_\_\_\_

Doctor and

Phone#\_\_\_\_\_

Any diagnosed medical conditions which we should be aware of?

