



City of Vandalia Department of Parks and Recreation
Emergency Medical Authorization/ Acknowledgment of Risk Form

Player's Name _____

Name of Parent or Legal Guardian _____

Address _____ City _____ Zip Code _____

Primary Phone _____ Secondary Phone _____

Medical Information:

Doctor's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Preferred Hospital _____

Person to be notified other than parent in case of emergency:

Name _____ Relationship _____

Phone # _____

List any medical history, allergies, current medications, or physical impairments to which a physician needs alerted:

I, the Parent/Legal Guardian of _____ give / do not give (please circle one) permission for my child to receive emergency medical treatment due to illness or accident in the event that my designated alternative or I cannot be contacted.

Parent/Legal Guardian Signature _____ Date _____

VPRD Acknowledgment of Risk:

I understand that there are risks and dangers associated with this program/activity. I understand that it is not possible for the City of Vandalia, its employees, agents, operators or the instructors, to guarantee the complete safety of this program/activity.

While participating in the program/activity minor injuries such as strains and sprains may occur as well as the possibility of a more severe injury such as torn ligaments or broken bones may occur.

I also understand that each participant has the responsibility to exercise due care in performance of this program/activity for the safety of herself/himself and of the other participants.

In consideration of _____, (players name) being permitted to enroll and participate in the activity, I hereby release and hold harmless the City of Vandalia, its employees, agents, operators and instructors from any and all claims, demands, costs, charges, expenses for any harm, injury, damage, suit or loss which may be sustained as a result of, or relating to participation in this program/activity.

Parent/Legal Guardian Signature _____ Date _____