Solano County Water Polo Club Medical Release and Limitation of Liability

Player's Medical Information

Player's Name: _____ Birth Date: _____ Street

Address: _____ City: _____ State:

_____ Zip Code: _____ Parent Name: _____ Cell

Phone: _____ Physician: _____ Phone:

_____ Medical/Hospital Facility: _____ Phone**:**

_____ Policy Holders Name: _____ Policy number:

_____ Please list any allergies the player has:

_____ List any Medical conditions:

_____

Emergency Contact other than parents

Name: _____ Cell Phone: _____ Name:

_____ Cell Phone: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on the information provided herein. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with water polo, and hereby release, discharge, and otherwise indemnify the club, Solano County Water Polo, and the employees and associated personnel of the above organization, against any claim by or on behalf of the water polo player named above as a result of the player's participation in Solano County Water Polo Club programs and /or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature: ___________________________________ Date: _________________________________