

# PLYOCITY YOUTH DEVELOPMENT

(419)887-0270

## Waiver of Liability and Medical Emergency Release

\_\_\_\_\_, Participant, is hereby given my consent to participate in Plyometric Workouts.  
(Athlete's Name)

X \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

For good consideration, the undersigned does hereby waive, release, acquit and forever discharge PlyoCity Youth Development directors, coaches and other club members, participants, volunteer parents, volunteer coaches, and any or all persons assisting with Plyometric Workout activities directly and indirectly associated with PlyoCity Youth Development, and each of them from any and all known and unknown personal injuries and property damages which the player participant may suffer during the course of or as a result of Plyometric Workouts.

I, as a parent of legal guardian of \_\_\_\_\_, also give my permission for this participant to receive minor medication when the need may arise. The trainer or other adult in charge will give this at the time. In case of emergency or in the case I cannot be reached, I authorize emergency treatment for my child at the nearest recognized medical facility.

X \_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_  
Name Home Phone Work Phone

\_\_\_\_\_  
Primary Insurance Co. Group Policy Number

\_\_\_\_\_  
Family Physician Physician Telephone