

**Chesaning Union Athletics
Emergency Release Card**

Child's name _____ Grade _____
First Last

Address _____
Number/street City Zip Code

Parent/Guardian Name _____
First Last

Home Phone _____ Work Phone _____ Cell Phone _____

Health Insurance Provider _____

Policy Number _____ Effective Date _____

IN CASE OF EMERGENCY, CONTACT:

Primary Contact _____ Telephone _____

Second Contact _____ Telephone _____

List any medical condition(s) the coach or trainer should be aware of: _____

I, _____ parent/guardian of the above named child, release and hold harmless from any liability for any physical or mental injury, aggravation of any pre-existing condition, or any other harm or loss of any nature which may be sustained as a result of my child participating in the Chesaning Union Schools athletic programs, the Chesaning Union Schools Athletic Department, the Chesaning Union Schools, coaches, organizers and anyone else in any way associated with the Chesaning Union Schools programs, except for that caused by willful, wanton or reckless conduct.

Further, I hereby give permission to the **Chesaning Union Schools Coaching Staff** to secure emergency medical and/or emergency surgical treatment for the above named minor child while participating in the Chesaning Union Schools athletic programs. Non-emergency medical treatment or elective surgery is not included in this authorization.

Contact Signature _____ Date _____