

FREDONIA RECREATION COMMISSION

Consent Form

The undersigned parents, or legal guardian, of _____, a minor, in consideration of his/her being permitted to participate in the *Fredonia Recreation Commission Program*, do hereby freely and voluntarily give my (our) consent of such participation and hereby release the *Fredonia Recreation Commission*, its director, officers, employees, agents, any sponsors, organizers, or coaches from any and all claims or right of action, which the undersigned or the said child may have or ever may have as a result of any act or omission of any such persons or the *Fredonia Recreation Commission*. The undersigned recognizes that the child will be engaged in a sporting activity and that there are certain risks involved in such an activity, including the risk of personal injury, and the undersigned assumes the risk thereof.

SHIRT SIZE: _____ DATE PAID: _____

NAME OF MINOR: _____

ADDRESS: _____

BIRTHDAY: _____ AGE: _____ PHONE: _____ GRADE: _____

MOTHER'S SIGNATURE: _____

FATHER'S SIGNATURE: _____

Executed on this _____ day of _____, 20 _____ in Fredonia, KS.

EMERGENCY TREATMENT RELEASE

As a parent/guardian of _____, a minor, I here with authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

PARENT/GUARDIAN: _____

ADDRESS: _____ PHONE: _____

DOCTOR: _____ PHONE: _____

EMERGENCY CONTACT _____ PHONE: _____

--RELATIONSHIP TO CHILD _____

ANY MEDICAL ALLERGIES, CHRONIC ILLNESS, OR OTHER MEDICAL CONDITIONS OF WHICH SPONSORS SHOULD BE AWARE OF? _____

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency in my absence.



FRC Contact Number:
378-4254

PARENT SIGNATURE

GRADE: _____