

# Sport Registration and Medical Release

## East Valley Athletes for Christ, Inc

(Must be completed to participate in each sport)

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Player's name (last, first) \_\_\_\_\_ Birth Date     /    /     Grade \_\_\_\_\_  
Mo./Day/Yr.

Sport \_\_\_\_\_ Team (Jr. High, JV, High School) \_\_\_\_\_

Address \_\_\_\_\_ Male/Female (circle one)

City \_\_\_\_\_ Zip \_\_\_\_\_ Player Email address \_\_\_\_\_

**Consent to Play:** I/we the parents of the above named candidate for a position on an EVAC sports team, hereby give my/our approval to participate in any and all EVAC activities including transportation to and from activities. I/we know that participation in EVAC athletics may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, board members, coaches, and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

**Consent for Medical Treatment:**

In case of emergency, if the family physician cannot be reached I hereby authorize \_\_\_\_\_ (player)  
\_\_\_\_\_ (date of birth) to be treated by another qualified, licensed physician who is available.

Doctor's name \_\_\_\_\_ Doctor's phone \_\_\_\_\_

Hospital preference \_\_\_\_\_ Medical Insurance Plan \_\_\_\_\_

Policy number \_\_\_\_\_ Identification number \_\_\_\_\_

**Emergency information:**

Father's name \_\_\_\_\_ Mother's name \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_ Mother's Cell phone \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date signed     /    /      
Mo./Day/Yr