



## Medical Release Form

The following should be completed:

Participant's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Seizure Disorder: \_\_\_\_\_ Asthma: \_\_\_\_\_ Allergy: \_\_\_\_\_

Orthopedic Injuries or Disorder: \_\_\_\_\_ Drug Sensitivity or Allergy: \_\_\_\_\_

Chronic Medical Problem: \_\_\_\_\_

Name of personal physician: \_\_\_\_\_ Phone: \_\_\_\_\_

### **A parent or legal guardian should complete the following.**

I hereby certify that the above-mentioned participant is in good health and fully able to participate in all the activities of the Ben Brewster Tournaments. I agree that the Ben Brewster Tournaments and its Directors will not be held responsible for any accident or loss to the participant however caused and hereby release the Ben Brewster Tournaments from all claims or damages which may arise from any accident or loss. Ben Brewster Tournaments consist of the Ben Brewster Cup and Seven-On-Seven.

I consent to have the administrators of the Ben Brewster Tournaments act on my behalf should any emergency arise, and hereby grant permission to said administrators to authorize medical attention recommended by a physician, nurse, or hospital.

Parent's or Guardian's signature: \_\_\_\_\_

Medical Insurance Company and Policy Number: \_\_\_\_\_

Comments regarding special problems: \_\_\_\_\_

In case of an emergency, call be during the day: \_\_\_\_\_ Evening: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_