

# WAIVER and MEDICAL TREATMENT AUTHORIZATION



I do hereby give my approval to my son/daughter's participation in this sport and in the program, and I assume all risks and hazards in these activities and transportation to and from these activities. I do hereby release and hold harmless Minnesota Hustle, LLC, its organizers, directors, officers, sponsors and coaches.

Parent/Guardian Signature:

Date:

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\_\_\_\_\_

Print Your Name:

Print Player's Name:

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I do hereby give my permission to any responsible person with Minnesota Hustle, LLC, in the event of an emergency, if I cannot be contacted by normal efforts, to authorize emergency medical treatment in any area hospital for the child herein named.

Parent/Guardian Signature:

Date:

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Print Your Name:

Print Player's Name:

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## Player Medical Information

Health Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Doctor and Phone # \_\_\_\_\_

Any diagnosed medical conditions which the Minnesota Hustle coach should be aware of?

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