

central jersey sikh association

Central Jersey Sikh Association, P.O. Box 347, Windsor, NJ 08561 Phone: 609-371-6188

Medical Release and Liability Form

Sikh Games and Practices - 2010

Student Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Name two persons that we can contact in case of an emergency if the parent/guardian cannot be reached.

Person's name: _____ Phone: _____

Person's name: _____ Phone: _____

Name of Physician: _____ Phone: _____

Health Insurance Plan: _____ Health Insurance ID: _____

If there are any medical conditions we need to be aware of, please describe them below.

Parent Responsibilities:

1. Bring the child to practices on time.
2. **Make sure that a responsible adult stays at the practice for the FULL duration of the practice.**
3. Make sure that the child has appropriate equipment to play the selected sports.
4. Make sure that the child brings drinking water to the practice.

I have read and agree to the terms above.

Parent/Guardian Signature: _____ Date _____

Waiver:

I hereby give consent for my son/daughter to participate in the Sikh Games (including practices). I/We acknowledge that there is a potential for injury, both minor and serious. I/We acknowledge that I/we have read and understand this warning. I/We waive all rights and privileges to bring any lawsuit against Central Jersey Sikh Association (CJSA), its officers and volunteers, in case my/our child receives any bodily injury participating in CJSA activities including transportation. I/We give permission for my/our child to receive emergency medical or surgical treatment and hospitalization if necessary.

Parent/Guardian Signature: _____ Date _____