

**Emergency Contact Information**

Parent Name

Home  
Phone

Cell  
Phone

2<sup>nd</sup> Contact  
Name

Home  
Phone

Cell  
Phone

Preferred  
Hospital

Doctor

Dentist

Allergies

Medical  
Conditions

Daily  
Medications

**Waiver & Emergency Treatment Consent**

I, am the natural Parent or Legal Guardian of \_\_\_\_\_ and authorize representatives of the J Babe Stearn Community Center to consent to treatment when the need for care is immediate and efforts to contact us are unsuccessful. In consideration of my child's participation in the activities of the J. Babe Stearn Community Center. I hereby declare him/her medically able to participate in the activities of JBSCC. I understand that there are risks and agree to familiarize myself with all equipment, facilities, rules, and physical demands related to the activities of the league. On behalf of myself, my heirs, executors, and administrators, I agree to release and discharge the J Babe Stearn Center, its officers, managers, coaches, and sponsors, of, and from any and all liability for injury to my child or guardian resulting from, or in any way connected with, his or her participation in any of the activities of the J Babe Stearn Community Center.

Parent/Guardians Signature

Print Name

Date