

# Bluffton University Shootout

Medical Release Form (please print) Coaches make copies as needed

Name of Player: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Facts concerning the player's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted.

Parental Release: I hereby authorize the staff of Bluffton University Shootout to act for me according to their best judgment in an emergency requiring medical attention. I hereby waive and release Bluffton University and the Shootout Staff from any and all liability for any injuries or illness incurred while at the Shootout. I have no knowledge of any physical impairment that would be affected by the above named player's participation in the Bluffton University Shootout.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please turn in medical release forms at scores table of your first game at the Shootout.