

Orange County Pop Warner
P. O. Box 16129
Chapel Hill, NC 27516

Medical Release and Waiver of Liability Form

Name: _____ Birthdate: _____

Parent(s) Name(s): _____

Address: _____ Home Number: _____

Work Number (Father): _____ Cell Number (Father): _____

Work Number (Mother): _____ Cell Number (Mother): _____

Participant's Doctor: _____ Phone Number: _____

Preferred Hospital for Treatment: _____

Emergency contact information in the event we cannot contact you:

Name: _____ Phone: _____

Relationship to child: _____

Name: _____ Phone: _____

Relationship to child: _____

List any allergies (bee stings, medicine, etc) or conditions (asthma, seizures, etc) that your child has been diagnosed with: _____

List any prescribed medication your child is currently taking: _____

I hereby grant permission to the Orange County Pop Warner board members or coaches to obtain medical treatment and/or for transportation to a hospital emergency room for the participant registered as deemed necessary for physical health purposes. I waive all claims against and agree not to sue Cane Creek Baptist Church as well as Orange County Pop Warner, its officers, or its members as a result of participation in the OCPW football or dance/cheer program that my child is registered for including any decision or action regarding medical care for me or the member of my family.

Participant Name: _____ Date: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____