



GBRC MEDICAL AUTHORIZATION FORM *(Please Print)*

Purpose: To give permission for participation in youth sports or GBRC program. To enable parents or guardians to authorize the provision of emergency treatment for their children who are injured or become ill while under the authority of (Great Bend Recreation Commission) in the event the parents or guardians cannot be reached. This acknowledges that we, the undersigned, parents (s) or legal guardian(s) of _____

(insert name of participant)

recognize the potentially hazardous nature of participating in a sports or leisure activity that an injury might be sustained. In the event of such an injury to my child and we (I or my spouse or guardian) cannot be contacted, we give permission to a qualified and licensed physician to render such treatment as would be normal and agree to pay the usual charges for such treatment.

Parent or Guardian: _____

Name Printed

Signature

Date

Family Physician: _____

Name Printed

Child's Medical

Insurance Carrier: _____

Name Printed

Telephone #

Emergency Contact: _____

Name Printed

Address

Telephone #

WAIVER & CONSENT STATEMENT: I, the above person, states that he/she understands that the Great Bend Recreation Commission is not and shall not be responsible for, or liable for any illness, injury to any person or damage to property resulting from the program in which the participant is enrolled or from his/her participating in said program, and the participant and the undersigned, if the participant is a minor or under other legal disability, hereby forever releases and holds harmless the Great Bend Recreation Commission, its employees, agents, and representatives from any and all claims of any kind that the participant, or the undersigned, or their respective heirs, executors, administrators, or assigns may have or claim to have resulting from participation in said programs. I hereby consent to my minor child enrolling and participating in the stated GBRC youth program(s). I also assume all physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless GBRC, the City of Great Bend, USD #428, its officials, officers and employees and/or any civic or private organization appointed by it from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to child or person. Also, the above waives any and all claims that he/she or his/her heirs, executors, administrators or assigns may have claim to have resulting from a photography, video or reproductions there of said person while participating in GBRC programs. Accident insurance is not provided by GBRC. I authorize and consent that GBRC may release telephone and address information of enrolled participant(s) to volunteer coaches and GBRC staff members. **I HAVE READ & UNDERSTAND THE REGISTRATION FORM, CANCELLATIONS AND WAIVER STATEMENTS.**

Date & Signature of parent/guardian

GBRC is committed to making reasonable accommodations as required by the Americans with Disabilities Act. Please check YES or NO if accommodations are needed.

YES

NO

Allow three weeks advance notice. HOW CAN WE ACCOMMODATE YOU?

Is your child taking any medications that our staff needs to be aware of ? If so, what kind of medication?