

הליכה בדרכיו



**VALLEY TORAH  
WOLFPACK ATHLETICS**

**2017-2018 VALLEY TORAH ATHLETICS**

**Valley Torah High School**

**Athletic Emergency Release & Authorization Form**

Name of player: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

**Family Information:**

Father's/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

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

Mother's/Guardian Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

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

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

**Family Medical Insurance:**

Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

Allergies: \_\_\_\_\_

Have you ever been instructed by a doctor not to participate in athletics? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list any drug sensitive issues or allergies \_\_\_\_\_

Please list any medical issues or past injuries the coaching staff should be aware of:

Please initial sport your sign will be participating during the 2016-2017 Season (as many as needed):

Football \_\_\_\_\_ Basketball \_\_\_\_\_ Baseball \_\_\_\_\_ Soccer \_\_\_\_\_ Volleyball \_\_\_\_\_ Cross Country \_\_\_\_\_

**Agreement, Waiver and Release**

I \_\_\_\_\_ understand the description of activities associated with California Interscholastic Federation High School Athletics for which we are participating in and in consideration for being permitted by Valley Torah High School to participate in the above activity, I hereby waive, release and discharge any and all claims for damages for personal injury, death or property damage which I may have, or which may hereafter occur to me as a result of participation in said activity. It is understood that this activity involves an element of risk and danger of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and hold VTHS free and harmless from any loss, liability, damage, cost or expense which they may incur as a result of my child's death or any injury or property damage he may sustain while participating in the above said activity.

I hereby consent that my child, (name of child) \_\_\_\_\_ is able to participate in the above activity, and I hereby execute the above agreement, waiver and release on his or her behalf. I state that the above said minor is physically able to participate in the above said activity. I hereby agree to indemnify and to hold VTHS mentioned above free and harmless from any loss, liability cost damage or expense which they may incur as a result of the death or any injury or property damage that they said minor may sustain while participating in above said basketball activity.

I hereby consent transportation may be provided by private car, volunteer parent, coaching staff and on occasions your child will be asked to provide his own transportation.

**I have carefully read the agreement, waiver and release form fully and understand its contents. I am aware that this is a release of liability and a contract between me and VTHS and I sign it of my own free will.**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Date**

## Medical Treatment Authorization

I, (Parent/Guardian) \_\_\_\_\_ give permission for my child (full name) \_\_\_\_\_ to participate in all activities associated with the Valley Torah High School Athletic Program. I, the undersigned, authorize VTHS coaches, trainers and staff to secure any medical care that may be necessary and authorize them to administer treatments deemed necessary by the VTHS coaches, trainers and staff. Furthermore, I authorize the VTHS staff to arrange transportation in case of accident or acute illness of my child. In the event it is impossible to receive instruction from me for my child's care, consent is given to any licensed physician and/or surgeon called to whom my child is taken, for treatment by him to administer drugs and/or medication, and to perform surgical treatment as he shall think the existing emergency requires for the relief of pain and/or preservation of my child's life and/or health and well-being. Any cost addition, I \_\_\_\_\_ agree to waive and release VTHS from any and all claims, costs, liabilities, expenses or judgments including attorney fees and/or court costs arising from the participation of the above named minor in the basketball programs or any illness, accident or injury resulting from said activity and hereby agree indemnify and hold harmless VTHS and staff from and against any and all such claims.

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Name**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Valley Torah Athletics Physicians Statement

I, hereby certify that \_\_\_\_\_ was examined by me on \_\_\_\_\_ and is physically fit to participate in high school athletics.

\_\_\_\_\_  
**Name of Physician**

\_\_\_\_\_  
**Signature of Physician**

\_\_\_\_\_  
**Date**