

# NCSAA Tournament Medical Information and Waiver Form

**No player will be permitted to participate in any NCSAA tournament if NCSAA does not have a completed, current, and valid form on file for that player. No registration fees will be refunded for any player or team that is unable to participate in part or all of any tournament due to the failure to complete and file the Medical Information and Waiver Form. A new form must be submitted for every tournament that each player attends.**

**Please print and complete this form (PRINT CLEARLY, please), and give it to your coach.**

Player's name: \_\_\_\_\_ Grade in school: \_\_\_\_\_

Player's school: \_\_\_\_\_

Player's home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Names(s) of parent(s) / guardian(s) with whom player lives: \_\_\_\_\_

Parent/guardian home phone #: \_\_\_\_\_ Parent/guardian cell phone #(s): \_\_\_\_\_

Name / phone number(s) of person to call if parents can't be reached: \_\_\_\_\_

Which sport is this athlete playing in this tournament? \_\_\_\_\_

I understand, by the nature of the activity, that there is a possibility of accident, and I assume the risk and responsibility while my child attends this tournament. I hold harmless NCSAA and / or its representatives, as well as the host facility / school and its representatives, for any injury that my child may sustain during participation in this tournament. I also forfeit legal action or compensation claims against NCSAA and / or its representatives, or against the host facility / school and / or its representatives, for injuries my child may sustain. I, as parent / guardian of a minor student, consent to emergency care to be administered to the minor as deemed necessary by the involved physician and / or hospital which is to administer the required treatment of the emergency condition. I also understand that all incurred costs are my personal responsibility, and that NCSAA and the host facility / school and coaches do not have medical insurance coverage for injuries to the minor as a student participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_ ID Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Physician / phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number (optional): \_\_\_\_\_

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

Important medical history: \_\_\_\_\_

Any other medical conditions: \_\_\_\_\_

**This is to certify that my dependent has had a physical examination and is able to participate in the activities.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_