

High School Athletic Roster

Team Name:	Team Sponsor:		
Manager:	Address:	City:	Zip:
Phone: (H) (C)	Asst. Manager:	Phone: (H) (C)	
Email address:	Email address:		

Release and Hold Harmless Waiver

*By their very nature, many Park District programs involve body contact, substantial physical exertion, emotional stress, and/or use of equipment which represents a certain risk. It is recommended that you check with your physician prior to participating in Palatine Park District activities. Palatine Park District does not provide insurance protection for participants in Park District activities. Please read the following information carefully and be aware that in registering yourself or your minor child/ward for participation in the above program. I give my child permission to participate in this program, trip, or activity and hereby waive, release and forever discharge any and all claims against the Palatine Park District or its commissioners, employees, or volunteers for damages and/or injuries to the registrant, which many arise from participation in Palatine Park District programs. EMERGENCY TREATMENT: A minor may not be treated, even in an emergency, except when, in the opinion of the attending physician, a life is in the balance. Written consent is required for all treatment given in any hospital emergency room/center. Consent of a parent or legal guardian is necessary for unmarried minors, under 18, except in cases of extreme emergencies. TO WHOM IT MAY CONCERN: As a parent and/or legal guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the minor below in the event of a medical emergency which, in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. The release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. Please list medical allergies, medicines, or other conditions on a separate piece of paper to be attached to this form. **Release and Hold Harmless Statement on registration form must be signed.** PARTICIPATION WILL BE DENIED if the signature of adult participant or parent/guardian and date are not on this waiver.*

Player's Name	Phone	Home Address/City/Zip	Age	Participant's Signature	Parent's Signature <i>(required for players under 18)</i>
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I certify the above to be correct

Signature of Team Manager/Date