

**Green Gables Volleyball and Horseshoe Leagues -- 2019
Medical Release Form
Mandatory for All Minors (under 21 as of 5-1-18)**

Name Age - DOB

Address / Phone

Name of Parent or Guardian Immediate Contact Phone

Address

Insurance Co. Policy

(Participant), _____, has my permission to participate in activities at the Green Gables Restaurant and it's owners/employees will not be held liable in the event of an accident or injury.

Signature of Parent/Guardian Date

If during the course of my son/daughters activities he/she should become ill or sustain an injury,

I hereby authorize you to obtain emergency medical/dental care.

Signature Date

I DO NOT authorize emergency medical/dental care for my son/daughters injury.

Signature Date