

**Green Gables Volleyball and Horseshoe Leagues -- 2020  
Medical Release Form  
Mandatory for All Minors (under 21 as of 5-1-20)**

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Name Age - DOB

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Address / Phone

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Name of Parent or Guardian Immediate Contact Phone

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Address

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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.

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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.

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Signature Date

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

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Signature Date