



*Long Island Aces Organization*

**Parental Authorization and Medical Release Form**

As the parent/legal guardian of \_\_\_\_\_, I hereby do give approval for their participation with the Long Island Aces Organization Inc in all any and all activities. I request that in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I also hereby give permission to managing personnel or their representatives to authorize and obtain medical care, at my expense. I request and authorize physicians, dentists, and staffs duly licensed as Doctor of Medicine or Dentistry or other such licensed technicians or nurses to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above-mentioned minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-mentioned minor. I assume any risks and hazards incidental to my child's participation, including participation in activities and transportation to and from the activities: and hereby waive, release absolve, indemnify and hold harmless the Long Island Aces Organization Inc, the organizers, coaches, managers, sponsors, officers, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of injury to the player.

Player Date of Birth \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medical Problems \_\_\_\_\_

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

Emergency Contact Number \_\_\_\_\_