



Contact/Medical Release Form

Player's name: _____ Grade: _____

Address: _____ City: _____

State: _____ Zip: _____ Email: _____

Parent/Guardian: _____ Phone: () _____

Parent/Guardian _____ Phone: () _____

Emergency Contacts:

1) Name: _____ Relationship: _____

Phone () _____ Work () _____

2) Name: _____ Relationship: _____

Phone () _____ Work () _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone #: _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Group #: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD and attach to this form

PARENT'S APPROVAL AND MEDICAL RELEASE:

Recognizing the possibility of physical injury associated with LGYC sports/programs/activities and in consideration for the Lake George Youth Commission sports/programs/activities and its affiliates accepting the registrant for its sports programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the Lake George Youth Commission, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

COVID-19

Recognizing the contagious nature of Covid-19, I voluntarily assume the risk that my child(ren) and I may be exposed to or infected by Covid-19 attending any of Lake George Youth Commission Programs/Sports/Activities and that such exposure or infection may result in personal injury, illness, permanent disability and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the act, omission, or negligence of myself and others, including, but not limited to, Lake George Youth Commission volunteers and other participants and their families.

Parent/Guardian Signature: _____ Date: _____

Permission to Photograph

I grant to the Town of Lake George (Town), its representatives & employees the right to take photographs of my child (or myself) in connection with this program.

I authorize the Town, its assigns & transferees to copyright, use & publish the same in print &/or electronically.

I agree the Town of Lake George may use such photographs of my child (or registrant) with or without my child's (or registrant) name & for any lawful purpose, including for example such purposes as publicity, illustration, advertising, & web content. I have read & understand the above.

Parent/Guardian Signature: _____ Date: _____

What is the registrant's shirt size? _____