

Lil' Rookies Medical Release

Name of player _____

Street Address _____

City, State, Zip _____

Phone _____ **School Grade** _____

(Must be under 7th grade)

School _____

(Please type or print with ink only)

In consideration of being allowed to participate the undersigned acknowledges, appreciates and agrees that:

1. The risk of serious injury does exist
2. My child knowingly and freely assumes such risks
3. My child willingly agrees to comply with the stated and customary terms and conditions for participation. IF he/she observes any unusual hazard during participation, she will remove herself from participation and bring such to the attention of the nearest official.
4. I approve of my child's attendance at RidgeValley Lil' Rookies 2009-10 camps taking place at Mount Si High School. I release and hold harmless Mount Si HS and their coaches, directors, players and employees. I certify that my child is in good health and able to participate in the programs activities. I am ___ am not___ attaching a note explaining special physical limitations and/or required medication, if any.

Signature of Parent or Guardian

Date