

Please fill out all three copies or fill out one and make copies of the other two.

We need three copies for registration.

BATAVIA COMMUNITY RECREATIONAL LEAGUE

Activity/Sport _____

Name: _____ Date of Birth: _____

Parents Name: _____ Check One: M _____ F _____

Address: _____ Phone: _____ Grade: _____

School Currently Attending: _____ E-Mail: _____

I give _____ Permission to Participate in the Batavia Community Recreational League. I understand that there is no insurance coverage for any injuries sustained as a result of participation in this program and I also agree to hold blameless The Batavia Community Recreational League, its coaches, assistant coaches, and sponsors for any injuries sustained as a result of participation in this program.

Parent/Guardian Signature _____ Date: _____

Emergency Medical Authorization

Part 1: To Grant Consent

In the event reasonable attempts to contact me at _____ (Phone) or other Parent or Guardian at _____ (Phone) have been unsuccessful I give consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (Preferred Physician) or Dr. _____ (Preferred Dentist). (2) I give consent for the transfer of the child to _____ (Preferred Hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless two licensed Physicians or Dentist concur in the necessity for such surgery prior to its performance. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a Physician should be alerted are: _____

Parent/Guardian Signature _____ Date: _____

Part 2: Refusal to Grant Consent

**** Parents/Guardian must be present at all activities.****

I do not give my consent for Emergency Medical Treatment for my child in the event of illness or injury. I wish the B.C.R.L. Authorities take no action or to: _____

Parent/Guardian Signature _____ Date: _____

B.C.R.L. Use Only

Fee Paid: _____ Check #: _____ Cash: _____ (Attach receipt copy)

Registrar: _____

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