

St. Jude Athletic Association

Disclaimer , Medical Release, and Uniform Responsibility

I, _____ (Parent / Guardian) hereby release and hold harmless the St. Jude Athletic Association and its members for any injuries my child may suffer while participating in athletic competitions, practices, and/or events.

In case of a medical emergency, _____ (Player's name) has my permission to receive appropriate medical attention if I cannot be reached.

Our physician's name is _____.

He/she can be reached at _____.

Our hospital preference is _____.

Signature

Date

(_____) _____ - _____
Telephone Number



I agree to reimburse the St. Jude Athletic Association for any lost uniform (or unreasonable damage or permanent alteration to the uniform) and agree to return the cleaned uniform at the end of the season.

Signature

Date

(_____) _____ - _____
Telephone Number