

**MORRISTOWN RECREATION COMMITTEE
TBALL & SOCCER
EMERGENCY CONTACT FORM**

PLAYER: _____ DATE OF BIRTH: _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

**IN CASE OF EMERGENCY, IF PARENT(S)/LEGAL GUARDIAN CANNOT BE REACHED,
CONTACT:**

NAME: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

NAME: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

ANY ALLERGIES OR MEDICAL PROBLEMS COACH SHOULD BE AWARE OF:

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician). I hereby give my approval for my child to participate in all of the activities of the program. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless the Town of Morristown, Morristown Recreation Committee, Kiwanis, the organizers, sponsors and the supervisors, any and all of them.

In case of injury to my child, I waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I likewise waive, to the extent not covered by liability insurance, any claim against any person transporting my child to and from the activities.

I understand the importance of sportsmanship and will help to encourage our child to demonstrate good sportsmanship both on and off the field.

Parent/Guardian Signature _____ Date _____
