

*Player Participation Application & Liability Release for Weight Training and  
Conditioning for Campolindo High School Sports Teams*

**I. PLEASE PRINT LEGIBLY**

Participant's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Street: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Father's Cell/Alternate: \_\_\_\_\_

Mother's Cell/Alternate: \_\_\_\_\_

E-mail 1: \_\_\_\_\_

E-mail 2: \_\_\_\_\_

List any allergies, medical conditions or limiting factors we should be aware of:

\_\_\_\_\_

Emergency Contact Name & Phone (other than parent)

\_\_\_\_\_

Physician's Name & Phone

\_\_\_\_\_

Medical Insurer & Policy No.

\_\_\_\_\_

Preferred Hospital

\_\_\_\_\_

## II. Parental & Medical Consent / Release of Liability

*(Please read carefully before signing)*

As parent or legal guardian of the above named participant I hereby give my consent for any emergency medical treatment as approved by the facility supervisor in case of injury or sudden illness. My permission is given in order to assure prompt medical treatment in my absence without undue delay. I hereby AGREE to bear all costs incurred as a result of the foregoing.

I have voluntarily enrolled my child in a program of sports training and development involving activities known to be hazardous. My child and I have chosen to participate with knowledge of the danger involved.

We hereby AGREE to accept any and all risk of injury or death. As consideration for being permitted to have my child participate in the training and development program and use of facilities, I hereby AGREE that I, my assignees, heirs or agents or my child named above or such child's assignees, heirs or agents will make no claims against Campolindo High School, the Cougar Club, the Trainers, their agents, employees or contractors for injury or damage resulting from negligence or other acts, howsoever caused, by any agent, employee or contractor of the Trainers or by any spectator or other participant.

I hereby RELEASE Campolindo High School, the Cougar Club, the Trainers, and their agents, employees or contractors from all actions, claims or demands that I, my assignees, heirs or agents or my child named above or such child's assignees, heirs or agents now have or may hereafter have for injury or damage resulting from my child's participation in the sports training and development program.

**I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A REALEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND CAMPOLINDO HIGH SCHOOL, THE COUGAR CLUB, THE TRAINERS AND ANY AGENT, EMPLOYEE OR CONTRACTOR OF CAMPLINDO HIGH SCHOOL, THE COUGAR CLUB OR THE TRAINERS. I SIGN THIS RELEASE OF MY OWN FREE WILL**

PRINT-

Parent/Guardian/Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_