

EAGAN ATHLETIC ASSOCIATION

EMERGENCY INFORMATION AND CONSENT FORM

(Print all entries except signatures)

Registrant's Name _____
Club Name and Season _____

PARENT GUARDIAN AGREEMENT

I, THE PARENT/GUARDIAN of the registrant, a minor agree that I and the registrant will abide by the rules of EAA and it's affiliated organizations. Recognizing the possibility of physical injury associated with sports and in consideration for EAA accepting the registrant for its sports programs and activities, I hereby release and discharge EAA and its affiliated organizations, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/legal Guardian _____

Date _____ Signature _____

EMERGENCY INFORMATION

| | | |
|-------------------------------|--------------------------|------------|
| Who should be notified? | Address | Home Phone |
| Alternate who can be notified | Address | Home Phone |
| Physician/HMO/Clinic Name | Address | Work Phone |
| Dentist Name | Address | Work Phone |
| Medical Insurer | Medical Policy Number/ID | |
| Dental Insurer | Dental Policy Number | |

List above and medical problems, limitations, or prohibitions the player may have.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of a participant in the EAA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

DATE _____
Signature of Parent or Legal Guardian _____

Notes: 1) Adults and high school graduate players over age 18 who are not claimed as dependents by their parents, may sign this form for themselves.
2) As a portion of the seasonal EAA registration Form, the PARENTIGUARDIAN AGREEMENT must be signed before a player participates in any Program event or activity. This form is to be retained by the Team during the season.
3) If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility.
4) If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent of legal guardians, one of them must accompany that player to and from, and remain in proximity to them,during Program events and activities.