

Parental/Guardian Consent Form

I give permission for \_\_\_\_\_ to participate in Cascade Recreation programs. I understand transportation to and from the games and practices is my responsibility. I'm also aware of the fact that Cascade Recreation Association/Village of Cascade does not provide insurance coverage for my child for any injury they may sustain while participating in the Rec. programs. In a medical emergency when neither I nor my child's doctor can be reached, I authorize the coaching personnel/Rec. member to refer my child to any medical doctor and authorize the doctor to treat my child. I also agree to assume any and all costs involved including possible ambulance fees. Those persons acting in the best interest of my child will not be held responsible for any negative outcome. **I agree to return the uniform issued to my child in a timely manner upon request of the coach, and that it be in reasonable condition or I will be billed for a replacement.**

Child/Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Child/Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Child's Allergies (if any) \_\_\_\_\_

Special Medical Considerations \_\_\_\_\_

Medications Child Currently Taking \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Identification/Policy Number \_\_\_\_\_

Name policy is under \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Child Signature \_\_\_\_\_