

**INDIAN MILLS ATHLETIC ASSOCIATION
P.O. BOX 2215
SHAMONG, NJ 08088**

MEDICAL CONSENT FORM

Participant Name: _____ Sport: _____

Address: _____ Circle One: M F

Injuries are inherent to sports, therefore, in the event of an injury, I hereby release the Indian Mills Athletic Association, its officers and volunteers, as well as all sponsors from all liability. I also understand that primary medical insurance is my responsibility and that any insurance the Indian Mills Athletic Association may carry will be secondary. If I am not present for a team-related activity, I hereby give permission for any and all medical attention necessary to my child in the event of an accident, injury, sickness, etc., under the direction of the person(s) *checked by me* below until such times as I may be contacted.

Circle all that apply:

Coach Asst. Coach League Representative Tournament Representative

PERMISSION FOR MINORS: As the lawful parent/guardian of the above child, I have read, completed and understood this form and give my permission for him/her to participate in this activity.

Signature (Parent/Guardian): _____ Date: _____