

Alabama Recreation and Parks Association, Inc.

PARENTAL AUTHORIZATION AND MEDICAL RELEASE

Department: _____ Athletic Event: _____

Team Name: _____ Age Division: _____ Male Female

I, parent or guardian of the child whose name is listed on the same line with my signature below, hereby give approval to his/her participation in Alabama Recreation and Parks Association, Inc. (ARPA) tournament activities as a member of the above named team representing the identified ARPA Affiliate Member. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Alabama Recreation and Parks Association, Incorporated, Its Directors, Officers, Members and Staff, the local Parks and Recreation Department and/or Board, the local league organization, the tournament organizers, sponsors, supervisors, officials, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by the accident and/or liability insurance held by the local league.

I also grant permission to managing and/or coaching personnel or other team representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician at a hospital or medical office should the child become ill or injured while participating in ARPA tournament activities while away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment. It is further understood that any payment and/or insurance for the cost of such medical treatment if required will be the sole responsibility of the participants parent/guardian.

A certified birth certificate or acceptable proof of age of the above named participant has been furnished to ARPA tournament officials or is attached.

Participant's Name		Signature of Parent / Guardian
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