



WEST TEXAS TORNADOES
 West Texas Homeschool Athletics
 Medical Information/Release Form

In the event of a medical emergency, we will make reasonable efforts to immediately contact responsible parties. Please provide the following information:

Date / /

Athlete's Name		Age	Sex	DOB
Address				
City, State Zip				
Father's Name			Father's Employer	
Home Phone	Cell Phone	Work Phone		
Mother's Name			Mother's Employer	
Home Phone	Cell Phone	Work Phone		
Doctor	Phone	Hospital		
Medical Insurance Company			Phone	
Policy Number		Group Number		

If any of the following conditions pertain to the athlete, please indicate by checking box and provide any pertinent additional information in space below.

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Hernia | <input type="checkbox"/> Eye Problems | <input type="checkbox"/> Ear Problems |
| <input type="checkbox"/> Skin Problems | <input type="checkbox"/> Stomach Problems | <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Kidney/Urinary |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sensitivity to Medications | <input type="checkbox"/> Recent Injuries |
| <input type="checkbox"/> Asthma/Lung Problems | <input type="checkbox"/> Current Medications | <input type="checkbox"/> Other _____ | |

If, in the event that this athlete should need immediate medical treatment due to any injury or sickness, I do hereby request, authorize and consent to such treatment as deemed necessary. I also agree to indemnify and save the WEST TEXAS TORNADOES (WTXT) and any representative from any claim related to such treatment. Further, I will pay any amounts not covered by the insurance carrier listed and will not hold WTXT responsible for the balance of any related medical bill.

I/we understand that WTXT does not furnish insurance coverage of any kind or nature for anyone for any reason, and I/we hereby release, agree to defend, and hold harmless WTXT and all of its affiliates, agents and associates from any liability whatsoever that may arise pertaining to me or my family, from any cause or reason of all kinds of nature. I/we understand the meaning of the liability release to its fullest extent, and agree to same without reservation or exceptions.

Parent Signature _____ Date _____