



Twin Cities Junior Roller Derby

PARENTAL AUTHORIZATION / MEDICAL RELEASE

I, parent or legal guardian, of **(league member's name)** _____ hereby give authorization for participation in any and all Junior Roller Derby Association League activities. I hereby grant permission to managing personnel and league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic, should the skater become ill or injured while participating in league activities when neither parent nor legal guardian is present to grant authorization for immediate treatment. I assume all risks and hazards incidental to such participation, including transportation to and from league activities, and do hereby waive, release, indemnify and agree to hold harmless the JRDA and any Junior League and its agents, assigns, representatives, officers and employees from any and all claims arising out of the skater's participation in any and all league activities.

I HAVE READ AND UNDERSTAND THE HEALTH REGISTRATION FORM AND PARENTAL AUTHORIZATION / MEDICAL RELEASE. I VERIFY THAT I HAVE COMPLETED THIS FORM AND THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT. I FURTHER AGREE TO ABIDE BY THE RULES/GUIDELINES SET FORTH BY THE JUNIOR ROLLER DERBY ASSOCIATION AND TWIN CITIES JUNIOR ROLLER DERBY.

Signature of League Member: _____ Date: _____

Printed Name (Legal Name): _____

Printed Name (Parent / Guardian): _____

Signature of Parent / Guardian: _____ Date: _____

PLEASE LIST BELOW ANY MEDICAL INFORMATION OR CONDITION WHICH MAY BE RELEVANT TO THE CARE AND TREATMENT (EMERGENCY OR OTHERWISE) OF THE CHILD.