

MAGESTRY™

Medical Release / Parental Permission Slip

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the staff of Magestry has my full permission to administer medical attention and/or arrange to have my medical needs treated by emergency medical personnel or a physician. This release is effective for the period of one year from the date given below.

Player's Signature: _____ Date: _____

Are you over the age of eighteen (18) (circle one)? Yes No - If "No," the section below must be signed by a parent or guardian:

I, _____ hereby give permission for any and all
(Parent or Legal Guardian Print Name)

medical attention to be administered to my child _____
(Print Son or Daughter's Name)

in the event of accident, injury, sickness, etc., under the direction of the staff of Magestry, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. I have read and understand the "Magestry Waiver of Liability / Rules Agreement," and my child (named above) has my full permission to participate in Magestry. I hereby verify that all information given on this release is correct and agree that it is effective for the period of one year from the date given below.

Parent or Legal Guardian's Signature: _____ Date: _____

Player's Information (Required):

Printed Name: _____

Address: _____

Town: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Other Numbers: _____ Email: _____

Known Allergies: _____

Player has or is subject to (check if yes):

Asthma Fainting Spells Convulsions Diabetes Bleeding Disorders

Note any other condition that may require special care, medication, or diet: _____

Insurance Provider: _____

Physician's Name: _____ Phone Number: _____

In an emergency, the staff of Magestry should contact:

Contact's Name: _____ Phone Number(s): _____

Contact's Name: _____ Phone Number(s): _____