

**BADGERETTE POM PON INC. & BROOKFIELD EAST HIGH SCHOOL
MEDICAL/LIABILITY WAIVER**

All release forms must be signed and turned in at event registration on 11/18/17

STUDENT NAME:	
TEAM NAME:	

Please initial:

- _____ As a parent or legal guardian of the above team member, I authorize my son/daughter to participate in the Badgerette JR High Workshop & Competition on November 18th at Brookfield East High School
- _____ I authorize a representative of the BPP, Inc, Staff to locate qualified and licensed medical personnel and/or call emergency transportation for said student to an appropriate medical facility in the event that it may become necessary.
- _____ I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses for such treatment.
- _____ I understand that the BPP, Inc. Staff, Brookfield East HS coaches & volunteers shall not be responsible for any injury incurred as a result of my son/daughter's participation in this event.

Signature of Parent or Guardian _____

Phone () _____ Date _____

Address _____

Confidential Medical Information

Family Doctor _____ Phone Number _____

Insurance Company _____ Policy Number _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy or any other pertinent medical information.

Indicate any medication the participant is allergic to:

Indicate any medication the participant is currently taking:

List two other contacts we can use in case of an emergency:

Name _____ Phone Number _____

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