

NEW JERSEY DEMOLAY SPORTS

_____ **NORTHERN** ←---CHECK ONE--- ~~**SOUTHERN**~~ _____

MEDICAL HISTORY & RELEASE FORM

NOTICE: DeMolay & DeMolay Leaders of New Jersey do *NOT* provide medical insurance for participants in the events they sponsor. It is expected that the parent or guardian of each participant will be responsible for any and all injuries and medical bills incurred during any event.

IDENTIFICATION OF MINOR PARTICIPANT

NAME: _____ STATUS _____
ADDRESS: _____
CITY: _____ STATE _____ ZIP _____ - ____ S.S # _____ - ____ - _____

The above named minor is subject to the following medical problems: Known allergies, medications he or she is taking
None or condition/medications: _____

CONSENT AND RELEASE

I, undersigned Parent or Legal Guardian of the identified minor, do hereby give my consent and permission for him/her to participate in all activities during our Athletic Events conducted by the DeMolay Leaders of New Jersey. I agree to release and hold harmless the DeMolay Leaders of N.J. and their members, advisors and officers of the Order of DeMolay from any and all claims of cause of action which the undersigned has or may have. In the event of injury or illness to the above named minor, I hereby authorize any adult DeMolay Advisor in attendance to secure any physician in attendance to provide, such emergency treatment as may be deemed necessary by those present including but not limited to hospitalization, injections, anesthesia, surgery, diagnostic radiology, blood transfusions, and medications. I understand that reasonable efforts shall be made to contact me prior to medical treatment.

X _____ (PARENT or LEGAL GUARDIAN) Date _____

I may be reached at the following numbers during the described event:

HOME: () - _____ work () - _____ other () - _____

AGREEMENT

I hereby agree to abide by the Statutes, rules and edicts of the DeMolay Leaders of N.J and its duly authorized officers and representatives. I Agree that if in the opinion of any DeMolay Advisor, I should be removed or asked to leave the described event, my Parent or Legal Guardian will be obligated to make arrangements to transport me immediately from the site of the event to my residence of record at the expense of my parent or legal guardian.

Sign Here: _____ (participant) Sign Here: _____ (Parent)

MEDICAL INSURANCE INFORMATION

COMPANY: _____ POLICY:# _____
CONTRACT NUMBER _____

CIRCLE ONE: (HMO) (POP) (POS)