



## INSURANCE RELEASE

This form must be completed by the parent/legal guardian of a player K-12<sup>th</sup> grade or by the player on an adult team.

Player's name: \_\_\_\_\_

I hereby state that the named player is covered by \_\_\_\_\_ insurance policy. I also hereby release CLBBY, all coaches, and participating churches for any responsibility in the case of an accident that might occur while participating in any League activities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For players K-12<sup>th</sup> grade (does not apply to adult teams):

I/We understand that in the event of an accident that would require emergency treatment, every effort will be made to reach me/us. If I/we cannot be reached, I/we give permission to the responsible coaches and or CLBBY personnel to secure medical attention for my/our daughter/son.

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**PLEASE FILL OUT THE BOTTOM PORTION IF IT APPLIES.**

The named player has a medical condition that requires the use of a prescription medical assist device. It is my request that the named player be allowed to participate in the activities of CLBBY. I understand that there is an added risk of injury to the named player and other participating players and officials because of the presence of this device. I release CLBBY, the Directors of CLBBY, all coaches, officials, participating players, and churches from any responsibility in the case of an accident that might occur while participating in League activities. I will assume responsibility for any injury that might occur to other players and officials because of the presence of this device.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Prescribing physician: \_\_\_\_\_

Physician's office name: \_\_\_\_\_

Physician's phone number: \_\_\_\_\_

Date prescribed: \_\_\_\_\_