

**EAGAN ATHLETIC ASSOCIATION  
EMERGENCY INFORMATION, CONSENT AND WAIVER FORM**

Registrant's Name \_\_\_\_\_  
Parent/Legal Guardian Name \_\_\_\_\_  
Sport and Season \_\_\_\_\_

**PARENT GUARDIAN AGREEMENT AND WAIVER**

I, THE PARENT/GUARDIAN of the registrant, a minor, agree that I and the registrant will abide by the rules of EAA and its affiliated organizations. I understand and agree that my registrant's participation is entirely voluntary. Recognizing the possibility of physical injury associated with sports, and in consideration for EAA accepting the registrant for its program, I hereby waive all liability and release and hold harmless EAA and its affiliated organizations, their employees, volunteers and agents, including the owners of fields and facilities utilized for the Programs and including Independent School District No. 196 (ISD 196) and the City of Eagan (the City), against any claim by or on behalf of the registrant as a result of the registrant's participation in the EAA program, use of equipment provided by the program, and/or being transported to or from the same, which transportation I hereby authorize. This waiver and release applies to all claims, including claims due to injury, disability, death, or loss or damage to person or property, even if caused by the ordinary negligence of employees, volunteers or agents of EAA, affiliated organizations, ISD 196, the City, and the other owners of fields and facilities.

DATE \_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_

**EMERGENCY INFORMATION**

Who should be notified?	Address	Home Phone
Alternate who can be notified.	Address	Home Phone
Physician/HMO/Clinic Name	Address	Work Phone
Dentist Name	Address	Work Phone
Medical Insurer	Medical policy Number/ID	
Dental Insurer	Dental Policy Number	

List above any medical problems, limitations, or prohibitions the player may have.

**CONSENT FOR MEDICAL TREATMENT**

As the parent or legal guardian of a participant in the EAA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

DATE \_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_

Notes: 1) Adults and high school graduate players over age 18 who are not claimed as dependents by their parents, may sign this form for themselves. 2) As a portion of the seasonal EAA registration Form, the PARENT/GUARDIAN AGREEMENT must be signed before a player participates in any Program event or activity. This form is to be retained by the Team during the season. 3) If the player wears eyeglasses during play, lenses and frames of a type acceptable to the referee must be provided at the player's responsibility. 4) If the CONSENT FOR MEDICAL TREATMENT part of this form is not signed by a parent or legal guardians, one of them must accompany that player to and from, and remain in proximity to them, during Program events and activities.