



Dear Parents,

Please complete this waiver and provide us with the appropriate medical insurance information. With the extensive travel we will be involved in, it is imperative that we have medical information, as well as your permission to pursue medical attention for your daughter in the event of an injury or illness.

**All participants must have their own medical coverage.**

**Copy of current Insurance card must be on file. (Front and Back)**

### York ASA/Virginia Legends Waiver Statement

Player's Full Name:		Date of Birth:	
Emergency Contact Name/Number:		Emergency Contact Name/Number:	
Player's Mailing Address:			
Latex Allergy: <input type="checkbox"/> Y <input type="checkbox"/> N	Drug Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N IF yes,	Food Allergies: <input type="checkbox"/> Y <input type="checkbox"/> N IF yes,	Medications: <input type="checkbox"/> Y <input type="checkbox"/> N IF yes,
Name Insurance Company:		Policy Number:	
Insurance Company Address/ Phone number:			Primary Policy Holder Name:

I/ We, the undersigned, hereby certify that I/we am/are the parent or legal guardian of the player. I hereby give permission for the staff of coaches to seek, during the period of the tournament and practices, appropriate medical attention for the participant and for the medical attention to be given and for the participant to receive medical attention in the event of accident, injury, or illness. I will be responsible for all costs of medical attention and treatment, except for that covered by York ASA/Virginia Legends excess medical coverage policy.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_