

Hendersonville Royals

Off-Season Consent Form

I, the parent or legal guardian of the above student, agree and consent for camp coordinators, coaches, trainers, and other athletic assistants to secure the administration of medical treatment or medications for the above student and further agree to the performance of such treatment, anesthetic- and operations as deemed necessary by the attending medical/dental professional physicians.

Student: _____

Gender: _____

Sport: _____

Address: _____

Grade: _____

Liability Release: I, the parent or legal guardian of the above student, agree and consent for their participation in the upcoming camps being conducted to assess, practice, and develop skills for a sports program, and hereby release the coaches, coordinators, the Royals organization, and other assistants or representatives from any liability whatsoever arising out of injury, sickness, COVID-19, or damages sustained while participating.

Parent/Legal Guardian: _____

Phone: _____

Parent/Legal Guardian: _____

Phone: _____

Insurance Co: Physician: Phone: _____

Parent's Signature: _____

Date: ____/____/____