

# ELITE SPORTS NETWORK LLC

## PARENT/GUARDIAN & MEDICAL INFORMATION

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Guardian/Parent Information			
Father		Mother	
Name		Name	
Home Phone		Home Phone	
Cell Phone		Cell Phone	
Email		Email	
Emergency Medical Information			
Physician		Phone	
Emergency Contact		Phone	
Medical Insurance		Policy #	
		Group #	
Medical Issues/Allergies/Medications			

## EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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I hereby give my consent to have an athletic trainer, coach, team manager, chaperone, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the player/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the player/participant to a medical treatment facility should an individual listed above consider it to be warranted.

Player/Participant: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Parent / Legal Guardian Print: \_\_\_\_\_

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

*Privacy Note: This information will not be shared with any other organization. You are not required to provide any portion of this information except the emergency information. Emergency information MUST be provided.*

# LIABILITY RELEASE

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I recognize the possibility of physical injury associated with all sports, and **hereby release, discharge, and otherwise indemnify Elite Sports Network LLC, and the employees, chaperones and associated personnel of this organization, against any claim by or on behalf of the player/participant named herein** as a result of that player/participant's participation in all sports programs, social events, and/or being transported to or from the same, which transportation I hereby authorize.

Player/Participant: \_\_\_\_\_

Parent / Legal Guardian Signature: \_\_\_\_\_

Parent / Legal Guardian Print: \_\_\_\_\_

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

Parent / Legal Guardian Signature: \_\_\_\_\_

Parent / Legal Guardian Print: \_\_\_\_\_

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

## CONSENT AND RELEASE FOR USE OF PHOTOGRAPHS AND LIKENESS

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The undersigned, \_\_\_\_\_, hereby consents and grants to Elite Sports Network LLC (“ESN”), the right to use, and to permit its affiliates to use,

\_\_\_\_\_ (player/participant)  
likeness and photographs in any and all media and through any and all means now or hereafter known or devised for informational purposes and for advertising and publicizing ESN and the services of ESN.

The undersigned further waives and releases all rights to the use of his or her likeness or photographs for the purposes set forth herein, and acknowledges and confirms that all such likenesses and photographs shall be the sole property of the ESN, free of all claims by the undersigned. Without limiting the generality of the foregoing, the ESN shall have the unlimited right to make other reproductions of the likenesses and photographs by any present or future means or methods for the purposes set forth herein.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Player/Participant: \_\_\_\_\_

Parent / Legal Guardian Signature: Check this box if you agree with this waiver

Parent / Legal Guardian Print: \_\_\_\_\_

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

Parent / Legal Guardian Signature: Check this box if you agree with this waiver

Parent / Legal Guardian Print: \_\_\_\_\_

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