Building better futures through Art, Sport, and Technology Education Locally and Abroad

P.O. Box 2832 Amherst, MA 01004 413-275-4300

Emergency and Medical Release Form

Participant First Name	Participant Last Name		
Participant Birth-Date	Participant Age	Participant Gender: M F	
Participant Address 1			
Participant Address 2			
Participant City	Participant State_	Participant Zip code	
Parent/Guardian First Name(Responsible pick up person)	Parent/Guard	ian Last Name	
Parent/Guardian Phone number	Parent/Guardian	Cell number	
Parent/Guardian Email-address		·	
Coach's Full name	Team's	Name	
Emergency Contact Name	E	nergency Contact phone	
Insurance Company:	Policy No.:		
Physician Name/Phone #:			
Known Allergies/Medical Conditions:			
recognize the possibility of physical in indemnify KidsAfrik Inc., AllSport Soc associated personnel against any clai the KidsAfrik New Day 3v3 tourname the right to oversee the medical treat payment of any and all medical treat	njury associated with physical cer Arena, LLC., coaches, Kids, m by, or on behalf of, the abount. I give authority to the coactment until such time I can be	rinted) Guardian/parent of the child listed aboractivity, and I hereby release, discharge and/or Afrik directors, officials, representatives and a renamed participants as result of participations in the listed above or the emergency person listed contacted. I also assume full responsibility for	or any on in d above
Parent/Guardian Signature		Date / /	
	– – – – – – – – – Photo Release		
others through our website and Face	book. We do not use any Parti	ren doing fun activities during our programs to cipant name or other personal information. P pictures or not for our promotional material.	
() (Initials) I give my permissi	on to use pictures of my child	for promotional material.	

(______) (Initials) I DO NOT give my permission for the use of my Participant picture for any reason.