

Jim Beleele Memorial
Junior-Collegiate Regional Tournament
Medical and Liability Release Form

Bowler Name: _____

Address: _____

Email: _____

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Policy Holders Name: _____

Insurance Company: _____

Insurance Policy Number: _____

Insurance Group Number: _____

Insurance Phone Number: _____

Family Doctor Name: _____

Family Doctor Phone Number: _____

Any known allergies: _____

I understand that while participating in the Jim Beleele Memorial Junior-Collegiate Regional Tournament there is a possibility of sickness and/or injury.

I give permission for my child to participate in such tournament.

I do hereby grant permission to hospital staff and/or any other medical care providers to administer immediate treatment to my child should he/she be ill or injured. I also understand that I will be notified immediately should illness or injury occur. Adult Coaches, adult chaperones and/or tournament staff will be released of any liability pertaining to illness and/or injury.

Bowler Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____