

Enterprise Jr. Hornets

Athlete Release Form

I agree to the Following:

1. Ability to Participate: My athlete is physically able to take part in EJH activities.
 - a. I understand in case of injury I will contact the Coach or Board for the EJH insurance form prior to treatment.
2. Media Release: I give permission to EJH to use my athletes photo, video, name, and voice to promote EJH.
3. Risk of Concussion and other Injury: I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. I will have to get medical treatment if a concussion is suspected or another type of injury for medical clearance to return to active participation status.
4. Travel Requirement: I understand that some games and events will take place out of Redding and traveling will be needed.
5. Personal Information: I understand that EJH will be collecting my personal information, including Name, address, email, and phone number.
 - a. I agree and consent to EJH contacting me through the above mentioned for EJH communication.
 - b. Personal information will not be shared outside the SYF organization.

Athlete's Name: _____

I have read and understand this form. If I have questions I will ask for clarification.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____