

BADGERETTE POM PON INC., FALL FRENZY COMPETITION~ WI
MEDICAL/LIABILITY WAIVER

All release forms must be signed and turned in at competition registration!

TEAM NAME:	
STUDENT NAME:	

Please initial:

_____ As a parent or legal guardian of the above team member, I authorize my child to participate in the 2023 Fall Frenzy Competition at Muskego HS on October 8th, 2023

_____ I authorize a representative of the BPP, Inc, Staff and/or Muskego HS to locate qualified and licensed medical personnel and/or call emergency transportation for said student to an appropriate medical facility in the event that it may become necessary.

_____ I understand I will be notified as soon as possible in the event of an emergency. My insurance company or I will assume all expenses for such treatment.

_____ I understand that the BPP, Inc, Staff, and Muskego HS Staff shall not be responsible for any injury incurred as a result of my child's participation in the 2023 Fall Frenzy Competition

Signature of Parent or Guardian _____

Phone () _____ Date _____

Address _____

Confidential Medical Information

Family Doctor _____ Phone Number _____

Insurance Company _____ Policy Number _____

List pertinent medical information applicable to allergies, nervous disorders, heart trouble, diabetes, epilepsy or any other pertinent medical information.

Indicate *ALL* medication the participant is allergic to:

Indicate *ALL* medication the participant is currently taking:

List two other contacts we can use in case of an emergency:

Name _____ Phone Number _____

Name _____ Phone Number _____