



2012 Medical Consent Form

In the event that the Athlete may require emergency medical care, or in the event the Athlete may become ill, while participating in the Minnesota State High School Clay Target League (MSHSCTL), Athlete (and Athlete's parent/legal guardian if athlete is a minor) hereby gives advanced consent to the MSHSCTL, MSHSCTL Sponsors and Governing Bodies, including their respective volunteers, to provide, through a medical staff on their choice, necessary or advisable medical care and treatment to Athlete.

Athlete (and Athlete's parent/legal guardian if Athlete is a minor) further agree to pay any and all medical costs, expenses and charges and to release, waive, discharge and hold harmless the Minnesota State High School Clay Target League Sponsors and the Governing Bodies, and each of their respective directors, officers, employees, agents or volunteers, from and against any liability or any claim or demand arising from or connect with such medical care and treatment.

PLEASE PRINT CLEARLY:

School Name: _____

Head Coach's Name: _____

Athlete's Name: _____

Athlete's Address: _____

City: _____

Zip: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Signature: _____

Date: _____

IN THE EVENT OF AN EMERGENCY, PLEASE CONTACT:

Name: _____

Relationship To Athlete: _____

Address: _____

City: _____

Zip: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail Address: _____

THIS FORM MUST BE RETAINED BY COACHES. DO NOT SEND TO MSHSCTL.