# Wisconsin Association For Youth Shooting
# Medical Consent Form

Team Name (required): ___________________________________________

Athlete's Name: ___________________________________________

Address: ___________________________________________

In the event that the Athlete may require emergency medical care, or in the event Athlete may become ill, while participating in the WAYS program, Athlete (and Athlete's parent/legal guardian if Athlete is a minor) hereby gives advanced consent to the WAYS program, including their respective volunteers, to provide, through a medical staff of 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 WAYS program 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 connected with such medical care and treatment.

___________________________________________
Athlete - Print Name

_______________________________ _______________
Athlete Signature Date

___________________________________________
Parent/Legal Guardian - Print Name

_______________________________ _______________
Parent/Legal Guardian Signature Date

**In the event of an emergency, please contact the following individual:**

**Name:** _______________________ **Relationship to Athlete:** _______________
**(Please PRINT)**

**Address:**___________________________________________

**Telephone: (home)** _____________ **(Work)** _____________ **(Cell)** _____________

**Email** ___________________________________________

*** This form must be retained by Team coaches. Do Not send to WSCA

Please list any medical information that **we** need to know. For example: Allergies to bee stings, asthma, diabetes. Also, list any medications that **we** need to know, ex. Inhaler, etc.

___________________________________________

___________________________________________

___________________________________________

**COACHES: KEEP THIS FORM WITH YOU.** Jan. 2014