



Yeshiva University Henry Wittenberg Wrestling Invitational

FEBRUARY 12-15, 2010

MEDICAL RELEASE FORM

Due Date: December 31, 2009

Please Note: Facsimiles of this form are NOT acceptable - original documents only.

School: _____

Student's Name: _____ Age: _____

Parent's Name: _____

Home Address: _____

Home Phone Number: _____

Father's Work Number: _____ Cell phone/beeper number: _____

Mother's Work Number: _____ Cell phone/beeper number: _____

IN THE EVENT THAT A PARENT/GUARDIAN IS NOT AVAILABLE, CONTACT:

Name: _____ Relationship: _____

Home Phone Number: _____ Work Phone Number: _____

HEALTH INSURANCE

Health Insurance Name: _____ Health Insurance Phone Number: _____

Doctor's Name & Phone Number: _____

Dentist's Name & Phone Number: _____

Please note all medical problems or allergies below:

In the event that I cannot be contacted for consultation, if the Athletic Director or his designee determines that it is advisable to seek medical treatment for my child, I give permission to an authorized representative of Yeshiva University to secure medical and/or surgical treatment for my child and I will hold Yeshiva University, its officers, directors, agents and employees harmless from any liability, damages, costs, and expenses arising therefrom.

Signature of Parent/Guardian

Date