



Medical/Travel Release Form

Function: Nebraska Middle School Bowling Federation League and Travel to Middle School Tournaments.

Player's Name: _____ U.S. Citizen: Yes _____ No _____

Address: _____ City/State/Zip: _____

Birthdate: / / Gender: _____

Parents Work Phone: () _____-_____ Home: () _____-_____

Emergency contact other than Parent/Guardian:

Name: _____ Phone: () _____-_____

Primary Medical Insurance Company: _____

Policy Number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury with bowling and its activities, and in consideration of the Nebraska Middle School Bowling Federation League and the individual teams participating, I hereby release all Nebraska Middle School Bowling Federation League officials, coaches, parental sponsors, and bowling centers (including the owners of the Bowling facilities), against any claim by or on behalf of the registrants participation in this program and/or being transported to or from the same.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any/all medical treatment for my child. I understand my child will not be allowed to participate until this document is signed and returned.

Signature of Parent/Guardian: _____ Date: _____

Signature of Participant: _____ Date: _____

Signature of Team Coach: _____ Date Rcvd: _____