



EMERGENCY RELEASE FORM All questions must be answered & sent with payment.

Participants Name Participants Birth Date:

Emergency Contact #1 Name: Emergency Contact #2 Name:

Address: Address:

City: City:

State: Zip State: Zip:

Home Telephone: Home Telephone:

Work Telephone (Times at work): Work Telephone (Times at work):

Cellular Telephone: Cellular Telephone:

Email: Email:

Medical Emergency Agreement: In case of a medical emergency involving my child/ward (IF PARTICIPANT IS UNDER 18 YEARS OF AGE) or for me (IF PARTICIPANT IS OVER THE AGE OF 18 YEARS OF AGE) , I understand that every effort will be made to contact other parent/guardian/alternate person. In the event I or they cannot be reached, I hereby give permission to the physician selected by the program to hospitalize, to secure proper treatment for, and to order injection, anesthesia, surgery or other medical procedure necessary for me / my child.

The following persons are authorized to drop off and pick up the program participant:

Name Relationship

Name Relationship

AGREEMENT

I agree to the following information in this application to be correct for Bridgewater State College Programs. BSC programs are strictly for recreational purposes. I agree to abide by all sportsmanlike conduct at all times during participation of BSC Sports Programs. *

Signature of Participant (Over 18 years of age) Date
OR Parent/Guardian (If under 18 years of age)

BSC has the right to deny a participant entrance into a sports program due to inability to adhere to policies set forth by these programs. Sportsmanlike conduct means- respect others, no hitting, spitting, fighting, verbal abuse, intimidation, or overly aggressive behavior