

**TUSCALOOSA HOME EDUCATORS (TUSCALOOSA WARRIORS)
STUDENT-ATHLETE INFORMATION AND LIABILITY RELEASE**

For traveling to and from games/camps; participating in camps, practice, and games
for sports teams sponsored by TUSCALOOSA HOME EDUCATORS

NAME _____ AGE _____ DOB ____ / ____ / ____

ADDRESS _____ CITY _____

ZIP _____ HOME PHONE # _____

CELL PHONE #s (Dad) _____ (Mom) _____ (Student) _____

EMAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE # _____

EMERGENCY CONTACT _____ PHONE # _____

CHURCH SCHOOL OF ENROLLMENT _____

GRADE FOR CURRENT SCHOOL YEAR _____

HOSPITAL INSURANCE COVERAGE:

CARRIER _____ POLICY # _____

ALLERGIES _____ DATE OF LAST TETANUS ____ / ____

ANY OTHER HEALTH INFORMATION WE NEED TO KNOW? _____

As parent/legal guardian of the child named above, I do hereby fully release and discharge Tuscaloosa Home Educators, its employees, agents, volunteers, servants, members, and successors from any and all claims, demands, rights, causes of action in law or equity, damages, expenses, costs of litigation and compensation of every kind whatsoever and including, without limitation, all liability for damages or injury of any kind, nature or description to person or property whether foreseen or unforeseen, direct or indirect, known or unknown, which may hereafter arise from or out of injuries and damages occurring during the aforesaid use of game/practice/camp facilities and/or during travel with Tuscaloosa Home Educators sponsored sports teams, agree to indemnify and hold harmless Tuscaloosa Home Educators from same. Furthermore, I hereby give my permission to seek medical treatment in case of emergency and I assume the responsibility of all medical bills, if any.

Parent/Legal Guardian Signature

Date