



Name of Applicant: _____ Birthdate: _____
Phone #: _____ Address: _____

It is distinctly understood by the undersigned that it shall be mandatory for each participant to incur the expense for his or her own Accident Insurance. It is understood that the Buddhist Church of San Francisco, the Buddhist Church of San Francisco Youth Athletic Organization or any of its affiliated organizations and its officials shall not be liable for any injury or loss sustained by the applicant while playing, practicing, traveling or participating in any activity sponsored by the BCSF or BCSFYAO. The signing of this application shall be considered as a waiver of any claim for such injury or loss.

Illness or accident:

- 1) In cases which appear to be of a minor nature, first aid will be administered at the gym;
- 2) In cases which are apparently serious, BCSFYAO officials will make an effort to carry out your instructions as given on the lower portion of this application;
- 3) Parents will be expected to make provisions for taking sick children home;
- 4) If the parent or guardian does not supply adequate instructions, or if the instructions cannot be followed at the time of the emergency, BCSFYAO officials will act according to their best judgment for the welfare of the child.

Primary Physician: _____ Telephone #: _____
Address: _____
Medical coverage: _____ Policy#: _____
Current Medication: _____ Allergies: _____
Medical Conditions: _____

In the event of apparently serious illness or accident, when we cannot be reached, we wish the following to be notified by telephone. This person is authorized to act in our absence.

Name: _____ Telephone #: _____
Address: _____

In the event that the above designated person cannot be reached, we do hereby authorize _____ (coach/manager) to consent to, authorize, obtain emergency medical, surgical, or hospital care for said player in our place and stead and to act in relation thereto that we could do for the period covered from one year of the date of our signature.

We have read this document, consent to its terms and authorize the above instructions.

Signature of Mother: _____ Date: _____
Signature of Father: _____