



Homeschool Christian Youth Association

### Indemnification and Medical Authorization

Name of Student: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Policy No.: \_\_\_\_\_ SS #: \_\_\_\_\_

*In consideration of our student's participation in the Homeschool Christian Youth Association (HCYA) program:*

We, the parents of the above named child, do hereby release, absolve and hold harmless the directors, coaches, medical attendants, and adult leaders of the Homeschool Christian Youth Association from any and all liability for all losses, damages or injuries occurring as a result of our child's participation in the association's activities, including travel to and from tournaments and other games within Houston or to other cities as required. We further agree to make or cause to be made, by assignment of third party benefits or otherwise, full and complete payment for examination, treatment or hospital care required in the case of a medical emergency.

We understand that reasonable precautions will be taken to make the program safe and beneficial for all children, but that risk of injury cannot be eliminated entirely, and that this release is necessary for our child to participate in the HCYA program.

We understand that HCYA is a nonprofit organization and that HCYA has no means to provide insurance for losses, damages or injuries which may occur as a result of our child's participation.

Furthermore, we hereby authorize, in the event our child suffers injury, any director, coach, medical attendant, or adult leader of the HCYA program to consent to emergency medical treatment for our child when we cannot be contacted to so consent. Such medical treatment may include, without limitation, x-ray examination, anesthetic, medical, surgical examination or treatment and general hospital care. NO prior determination of life threatening emergency or danger of serious or permanent injury resulting from delay of treatment need be made under this authorization. EXCEPT AS NOTED ON THE BACK OF THIS FORM, this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of a director or coach of the HCYA program to give specific consent to any and all such examination, treatment, or hospital care.

Except as indicated below, we specifically give our consent for first aid treatment with bandages and antibiotic ointment (Neosporin, Neomycin, Mycitracin, Bacitracin, and/or Polymyxin), Hydrogen Peroxide, Rhuligel, Vaseline, Ibuprofen, and/or Tylenol.

EXCEPTIONS: \_\_\_\_\_

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We hereby verify that we understand and accept the terms of this Indemnification and Medical Authorization.

Mother's Signature

Date:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Father's or Legal Guardian's Signature

Date:

\_\_\_\_\_

\_\_\_\_/\_\_\_\_/\_\_\_\_

Person to contact, other than parent, in case of an emergency:

\_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

PLEASE TURN THIS FORM IN TO YOUR HEAD COACH