

# Oklahoma Flame Sports Athletic Releases and Medical Authorization

School Year: \_\_\_\_\_

Athlete Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parents' Names: \_\_\_\_\_

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

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

Phones: Mother (\_\_\_\_\_) \_\_\_\_\_ Father (\_\_\_\_\_) \_\_\_\_\_

Other Phone(s): \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

Incorporated in 2023 as a non-profit organization, Oklahoma Flame Sports desires to provide homeschooled children with the benefits of participation in organized team sports in a setting which honors the God who created them.

## EMERGENCY MEDICAL AUTHORIZATION & AGREEMENT TO CHRISTIAN DISPUTE RESOLUTION

Emergency contacts other than parent or guardian:

1. Name \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Permission and Release: I give permission for my child to participate in Oklahoma Flame Sports. I understand that there are risks associated with competitive sports. In the event he/she is injured, I waive and release all rights to any claim for damages against Oklahoma Flame Sports and its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at [www.Peacemaker.net](http://www.Peacemaker.net)). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Photo Release: Oklahoma Flame Sports has my permission to use my and/or my child's photograph publicly in print publications, online publications, presentations, websites, and social media without payment of royalty, fee, or other compensation.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance phone # \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Please Choose: \_\_\_ Nearest hospital or \_\_\_ Specific hospital (list) \_\_\_\_\_

Pertinent medical information (diabetes, allergies, etc.): \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_