



**Ohio BASS Federation Nation, Inc.**  
**"2009 Emergency Medical Release Form"**  
**2009 OBFN Tournament Trail/Junior Elite Trail**

**(MUST BE COMPLETED AND RECEIVED ALONG WITH ENTRY FORM)**

In the event my son/daughter becomes ill or is injured while participating in the Ohio BASS Federation Nation Tournament Trail or Ohio BASS Federation Nation Junior Elite Trail, I hereby give my consent to \_\_\_\_\_ (Sponsors Name) to authorize the administration of any emergency medical or dental treatment deemed necessary by a licensed physician or dentist. It is understood that reasonable attempts will be made to contact the parents or guardian at the number listed below prior to administration if reasonably possible.

The following questions will help us to prepare your child for this tournament.

1. Allergies: \_\_\_\_\_
2. Treatment for allergies: \_\_\_\_\_
3. Current medication/dosage: \_\_\_\_\_
4. Physical Limitations: \_\_\_\_\_

Parent or Guardian Name: (print) \_\_\_\_\_ Date: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

*I give my consent to the above sponsor for emergency medical treatment: \_\_\_\_\_*

*I DO NOT give my consent to the above sponsor for emergency medical treatment: \_\_\_\_\_*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Juniors name: \_\_\_\_\_ DOB: \_\_\_\_\_

Juniors SSN#: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Insurance Carrier Number: \_\_\_\_\_

Notify in case of emergency (other than above): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of last Tetanus: \_\_\_\_\_



**Ohio BASS Federation Nation, Inc.**  
***"CERTIFICATION AND RELEASE"***  
***2009 OBFN Tournament Trail/Junior Elite Trail***

I hereby certify that I have read, and agree to abide by, the Official Rules for any and all the Ohio BASS Federation Nation tournament events. I acknowledge that the activities involved are potentially hazardous and I voluntarily assume all risk of injury or damage, which I may sustain while participating in the event. I further release and discharge Ohio BASS Federation Nation, Inc., its officers, members, promoters, sponsors and volunteers from all liability for any such injury or damage, whether caused by negligence of such persons and/or entities or otherwise.

Competitors Name (print): \_\_\_\_\_

Date: \_\_\_\_\_

**(Note: If competitor is a minor)**

The undersigned, as parent/guardian of the above-named entrant, a minor, does hereby Ratify and confirm the foregoing Certification and Release on behalf of said minor and does further agree to indemnify and save harmless the said Ohio B.A.S.S. Chapter Federation, Inc., its officers, members, promoters, sponsors and/or hosts from any and all liability for injury or damage sustained by said minor and arising out of said event, whether caused by the negligence of such persons and/or entities or otherwise.

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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