

MEDICAL RELEASE

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child (Child's Name) _____ in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such a time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Player:		
Street address: _____		
City: _____	State: _____	Zip Code: _____
Mother/Guardian Name:		
Last _____	First _____	M.I. _____
Home Phone: _____		Mobile Phone: _____
Work Phone: _____		
Father/Guardian Name:		
Last _____	First _____	M.I. _____
Home Phone: _____		Mobile Phone: _____
Work Phone: _____		

Insurance Co.: _____ Policy Number: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Coach: _____
- Assistant Coach: _____
- Manager: _____
- Trainer: _____
- League representative where my child is playing:
 - Any tournament representative where my child is participating in a tournament.

Physician: _____

Address: _____

Phone: _____

Known Allergies/Medical Conditions: _____

Other Medical Conditions: _____

Signature of Parent/Guardian: _____

Date: _____