

Medical Release Form

I, _____
(Parent/Guardian's Name)

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 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.

ADDRESS: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

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

· Coach: _____

· Asst. Coach: _____

· Manager: _____

· A league representative where my child is playing.

· Any tournament representative where my child is participating in a tournament.

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE _____
(PARENT/GUARDIAN)

Subscribed and sworn before me _____ day of _____, 20____.

Notary Public