MEDICAL RELEASE FORM

To be kept with Coach/Team at all games & Tournaments
PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

I, _____ hereby give permission for any and all medical attention to be administered to my child _____ 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.

PARENT/GAURDIAN'S NAME

CHILD'S NAME

ADDRESS: _____

_____

HOME PHONE: _____

INSURANCE COMP: _____

POLICY NUMBER: _____

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

- COACH: _____
- ASST. COACH: _____
- TEAM 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) _____ DATE _____

Subscribed and sworn before me,

this ____ day of _____ , _____

_____
Notary Public