



MEDICAL RELEASE FORM

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE

I, _____, hereby give permission for any and all
Parent/guardian's name
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 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: _____

Home Phone: _____

Work Phone: _____

Insurance Company: _____

Policy Number: _____

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

- Coach: _____
- Assistant Coach or 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 _____, 20____

Notary Public