

MEDICAL RELEASE FORM

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 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: _____
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: _____
- * 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/GAURDIAN) _____ DATE _____

Subscribed and sworn before me,

this _____ day of _____, 20 _____

Notary Public