



MEDICAL RELEASE

I, _____ (Parent/Guardian) 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 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 CO. _____ POLICY # _____

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

* COACH: _____

* ASST. COACH: _____

* MANAGER: _____

* A Club/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 _____, 2011

Notary Public: _____ (Seal)