Medical Release	Page

MEDICAL RELEASE FORM

I,	(Parent/Guardian's	Name) hereby give permission for any	and
all medical attention to be adminis	stered to my child	(Child's N	(ame
in the event of accident, injury, si	ckness, etc. under the directi	tion of the person(s) listed below, until so	uch
time as I may be contacted. I also	assume the responsibility f	for the payment of any such treatment.	Γhis
release is effective for the period of	of one year from the date give	iven below.	
ADDRESS:			
INSURANCE COMPANY:			
POLICY NUMBER:			
In case I cannot be reached, any o	of the following persons is de	designated to act on my behalf:	
• Coach:			
Asst. Coach:			
Manager:			
A league representative where	my child is playing.		
Any tournament representativ	e where my child is particip	pating in a tournament.	
PHYSICIAN:			
ADDRESS:			
PHONE:			
KNOWN ALLERGIES:			
SIGNATURE (PARENT/GUARI	DIAN)	DATE	
Subscribed and sworn before me	day of		
Notary Public			