



softball

Medical Release Form

To Whom It May Concern:

This is to certify that I, parent/guardian of _____ a player on the _____ team, hereby grant permission to the Adult Manager, Coach, and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local CLNYAA Girls Softball, North Meck Filly League, PONY Baseball, Inc. organization, PONY Baseball Inc; the organizers, supervisors, participants, and person transporting the player to and from those activities, for any claim arising out of an injury to the player.

My child is allergic to the following medications:

My child is presently taking the following medications:

Our Family Doctor is:

Name: _____

Phone: _____

Hospital Preference: _____

Insurance Company and Group Number: _____

Parent/Guardian Signature: _____ Date _____

Relationship: _____