



EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER

Player's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Phone _____ Cell _____
Mother's Name _____ Phone _____ Cell _____

In case of emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone: _____ Cell _____
Name: _____ Phone: _____ Cell _____

MEDICAL/INSURANCE INFORMATION

Allergies: _____
Other Medical Conditions: _____
Physician: _____ Phone: _____
Medical/Hospital Insurance Company: _____ Phone: _____
Policy Holders Name: _____ Policy# _____

Parent/Guardian
Signature _____ Date _____

Printed Name _____

NOTE: THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.