

HRYS MEDICAL RELEASE FORM

Player Name: _____ Birth Date: _____

Street Address: _____

City, State, Zip: _____

Mothers Name: _____ Work #: _____ Home #: _____

Cell #: _____

Fathers Name: Work #: _____ Home #: _____

Cell #: _____

Medical Conditions of Player: _____

Allergies: _____

Insurance Company: _____

Doctor's Name: _____ Phone Number: _____

I know that participation in any sport such as softball can result in serious injuries to my/our child. Protective equipment does not prevent all injuries to players. In case of emergency, if I am not available, I hereby authorize

_____ to be treated by the contacted emergency medical technician.
(Child's name)

Date: _____ Signed: _____
(Parent or legal guardian)

In the event of an emergency and I can not be contacted please contact the following person:

_____ Relationship: _____ Phone #: _____
(To Player)