

Medical Release Form

I hereby give my permission for all medical attention necessary to be administered to (my child / myself):

in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until I may be contacted. I also hereby assume the responsibility for payment for such treatment.

Parents Name:

Street Address:

City: State: Zip Code:

Cell Phone Number:

Work Phone Number:

In case I cannot be reached, I hereby designate the following people to act on my behalf:
Head Coach:

Asst. Coach/Team Manager:

Another Adult Member of the Team:

Signature of Parent/Legal Guardian/Self if 18 or over Date