



Medical Release - Emergency Information - Parental Consent

Note: Player will not be able to tryout without this form fully completed.

Child's Name: _____ Date of Birth: _____ Grade: _____
Parent/Guardian: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Player Cell: _____

Emergency Contacts (list two)

Name: _____ Name: _____
Relationship: _____ Relationship: _____
Phones: _____ Phones: _____

Medical/Dental Insurance Information:

Insurer: _____ Group/ Policy # _____
Doctor: _____ Phone: _____
Dental Insurer: _____ Group/ Policy # _____
Dentist: _____ Phone: _____

Emergency Treatment Information: Above named child has the following problems/prohibitions:

Consent for Medical Treatment: As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life and limb or well being of my dependent.

Information/Photo Release: We give permission for our family's names, address (es), phone numbers, and email address (es) to be printed on the team roster(s). We will receive a copy of our team roster(s) and, as a member of the Lady Wolfpack Softball Team, we give permission for the use of images of the above named child and contact information (such as email) in publications. We also give permission for the Lady Wolfpack Softball Team to use the email addresses provided about to send Lady Wolfpack Softball Team related information provided that the team will allow us to remove our names at any time from the distribution list.

Signature of parent or guardian:

Printed Name

Signature

Date

Printed Name

Signature

Date