

# Velocity Softball Club

*Fast Pitch Softball*

## MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administered to my child, Name: \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

MY ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

OTHER: \_\_\_\_\_

MY INSURANCE COMPANY: \_\_\_\_\_

POLICY/GROUP #: \_\_\_\_\_

In case I cannot be reached, any of the following is designated to act in my behalf:

1. Coach: \_\_\_\_\_

2. Assistant Coaches: \_\_\_\_\_

3. Manager: \_\_\_\_\_

4. Other representative: \_\_\_\_\_

OUR PHYSICIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

**PARENT/GUARDIAN (signature)** \_\_\_\_\_