

Medical Release Form

Tournament/Camp Participation



I hereby give permission for my child, _____, to receive any and all medical attention required in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below on signature line.

Player's Address	
Parent's Cell Phone	
Additional Emergency Contact Person	
Additional Emergency Contact Person CELL	
Insurance Company	
Policy Number	
Primary Care Physician	
Primary Care Physician Contact Number'	
KNOWN ALLERGIES	

In case I cannot be reached, any of the following persons is designated to act on my behalf.

- Coach: Coach Philip Broome and/or Coach Kelly Bendall
- A tournament representative where my child is playing.
- Tournament Trainer: _____

Parent's Signature

DATE

Print Parent Name