

2009 Medical Release Form

Player Information:

Name: _____

Street Address: _____

City / Zip: _____

Date of Birth: _____

Parent Information:

Father: _____

Mother: _____

Home Phone: _____

Cell Phone: _____

Insurance Information:

Name of Company: _____

Policy number: _____ **Contract/Group number:** _____

Family physician name: _____ **Phone:** _____

Emergency Information:

In case I cannot be reached, either of the following people is designated to act for me:

Manager: _____ **Phone:** _____

Name: _____ **Phone:** _____

Relation: _____

Does your child have any allergies, or allergic reactions to medications, insect bites, food etc.?

Is there any other medical information regarding your child that Kensington Valley Baseball Softball Association should know about? (medication taken, etc.)

I hereby give permission for all medical attention and treatment necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of Kensington Valley Baseball and Softball Association, sanctioned leagues, member organizations, officers, directors, employees, agents, coaches, umpires and volunteers of said league. This release is effective for the time during my child's participation with Kensington Valley Baseball Softball Association for the 2009 season. I also hereby assume the responsibility for the payment of such treatment.

Parent/Guardian Signature: _____