

**2010 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 2010 season. I also hereby assume the responsibility for the payment of such treatment.

**Parent/Guardian Signature:** \_\_\_\_\_