

Medical Release Form

Team: _____

Coach: _____ Manager: _____

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, illness etc. until such time as I can be contacted. This release is in effect for two (2) years from the date given below. I assume responsibility for payment of any treatment given my child under this aegis. This agreement covers any VYSA sanctioned tournaments, club practices, club camps or club tryouts.

Parent Information

Person responsible for the payment of medical bills: _____
Home Address: _____
Home phone: _____ Social Security #: _____
Responsible person's employer: _____
Work phone: _____ Emergency Phone #: _____
Insurance company: _____ Policy #: _____
Player's physician: _____ phone: _____
Address: _____

Player's Information

Player's Name: _____ Birth date: _____
Any known medical condition or allergic reaction to medicine: _____

Parent or Guardian Signature: _____