



# WAUKEGAN GIRLS SOFTBALL ASSOCIATION



## MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician).

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency, contact:

\_\_\_\_\_  
Name Phone Relationship to Player

\_\_\_\_\_  
Name Phone Relationship to Player

Please list any allergies/ medical problems, including those requiring maintenance medication (i.e. Diabetic, Asthma, Seizure Disorder).

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above-listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: \_\_\_\_\_

### MEDICAL RELEASE

I, parent or guardian of above registrant, hereby give approval for participation in any and all WAUKEGAN GIRLS SOFTBALL ASSOCIATION league activities. I hereby grant permission to managing personnel or other league representatives to authorize and obtain medical care from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or when neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to such participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the WAUKEGAN GIRLS SOFTBALL ASSOCIATION, the organizers, sponsors, supervisors, participants and persons transporting the player to and from activities, for any claim arising out of an injury to the player.

\_\_\_\_\_  
Signature of Parent or Guardian Relationship Date

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating.