

**MEDICAL RELEASE**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION** (Please include Area Code)

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Mother's Home Phone: \_\_\_\_\_

Father's Work phone: \_\_\_\_\_ Mother's Work phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Mother's Email: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_

Work Phone \_\_\_\_\_ 2<sup>nd</sup> contact number \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy number: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD (on to 1 page) and attach to this form.**

**Parent's Approval and Medical Release**

Recognizing the possibility of physical injury associated with softball and in consideration for the ASA, Arctic Heat and its affiliates accepting the registrant for its softball programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify the ASA, Arctic Heat, its affiliated organizations and sponsors, their employees and any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Dan Traxinger, Juliette Montgomery, Brad Collins or Jim Huber permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child. This Medical Release delegation is good for one year from date of signing.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to me the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Signature: \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**Notary Public**