

VALLEY FORGE PATRIOTS FASTPITCH SOFTBALL 2022-2023

Player Information Sheet and Emergency Treatment Authorization Form

PLEASE PRINT

Player's Name:		Preferred Name:		Date of birth:	
Address:				Home Phone:	
Parent's Names:					
Mother Email:		Father Email:		Mother Cell:	
The best way to reach me is:			Age as of January 1, 2023:		Prior team / best position:
Health Insurance Carrier:				Insurance Telephone Number:	
Insurance Policy / ID number:				Group No. (if needed):	
I/We, the parent(s) of the above named candidate, authorize the Valley Forge Patriots to publish pictures of my/our child on the local website.					
I/We, the parent(s) of the above named participant of Valley Forge Patriots, do hereby give my/our approval to participate in any and all Valley Forge Patriots activities, including transportation to and from the activities.					
I/We, the parent(s) of the above named candidate, know that participation in and transportation to such activities may result in serious injuries to players and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Valley Forge Patriots Fastpitch Softball Organization, volunteers, managers, coaches, organizers, sponsors, participants, and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.					
Parent or Guardian Authorization:					
I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician). This authority is granted only after reasonable effort has been made to reach me. This release form is completed and signed of my own free will for the sole purpose of authorizing medical treatment under emergency circumstances in my absence.					
Family Physician:				Phone:	
Address:				City:	
In Case of Emergency, contact: (someone other than parents)					
Name:		Work Phone:		Relationship to Player:	
Home Phone:		Cell Phone:			
Name:		Work Phone:		Relationship to Player:	
Home Phone:		Cell Phone:			
Please list any allergies/medical problems, including those requiring maintenance medications (i.e. diabetic, asthma, seizure disorder). Include medical diagnosis, medication, dosage, and frequency of dosage.					
Signature					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-bottom: 1px solid black;"></div> <div style="width: 45%; border-bottom: 1px solid black;"></div> </div>					
Guardian Signature				Date	