

Parent Medical Treatment Authorization

I/We, the parents of _____ who is applying for a position on this team, hereby give my\our approval to participate in any and all activities, including transportation to and from the activities. Other than those listed below my\our child has no physical or mental limitations or impairments and is currently taking no medication that I/We feel is important and should be disclosed.

If none, please indicate "None" _____

I/WE know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players, and with knowledge of this do hereby waive, release, absolve, indemnify and agree to hold harmless the Managers, Coaches, Staff, the organizers, sponsors, supervisors, participants and persons transporting my\our child to and from activities for any claim arising out of any injury my\our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident liability insurance.

In the event of injury or illness to my\our child, _____ (name of child), I/we hereby grant authority to a licensed medical doctor to render such medical treatment as said doctor deems necessary under the circumstances.

FATHER'S PERMISSION GRANTED: _____

MOTHER'S PERMISSION GRANTED: _____

FAMILY PHYSICIAN: _____

OFFICE PHONE: _____

FAMILY DENTIST: _____

OFFICE PHONE: _____

FAMILY HOSPITALIZATION INSURANCE PLAN: _____

POLICY NUMBER: _____