

Medical Release Form

(Please fill out a form for each player)

EMERGENCY INFORMATION:

Father/Guardian

Name: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Mother/Guardian

Name: _____

Address: _____

City: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

PERMISSION TO TREAT A MINOR We the undersigned parents of the participant, a minor, do hereby authorize the coaches, managers, assistant coaches, or parents of team members acting in the capacity of activity supervisors, vehicle drivers as agents for the undersigned to consent to medical, surgical or dental examination, treatment, etc. In case of emergency, I/we hereby authorize emergency treatment and/or care of (player's name) _____ at any hospital. If there is an emergency and I/we cannot be reached, please contact . . . (Print full name and address of emergency contact below):

Name: _____

Address: _____

Home Number: _____

Cell: _____

Does this child have a history of respiratory illness, asthma, or allergies?: Yes No

Please state any physical problems:

Explain (glasses, hearing aid, heart, etc.):

Doctor Name: _____ Phone: _____

Insurance Carrier: _____

LEGAL AUTHORIZATION AND CONSENT FOR ALL THE ITEMS:

Signed: _____ Date: _____

For additional blank Medical Release Forms go to www.agaasports.com