

As the parent or guardian of (child's name) \_\_\_\_\_, who is a member of CYSA and its Member Associations, I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such ailments that could create and/or cause problems due to strenuous activity. For example: (asthma, migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

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Explain conditions and list any medications:

Medical Diagnosis	Medication	Dosage	Frequency of dosage

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

In case of emergency please contact:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Relationship: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Dr.'s Phone No.: \_\_\_\_\_

Hospital preference: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_

Name of Health Insurance Coverage Provider: \_\_\_\_\_

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This is to certify that I, as the parent or guardian of \_\_\_\_\_, a player participating in the organized softball program of the Chesterfield Youth Softball Association, Inc. (CYSA) and its Member Associations, hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Youth Softball Association, Inc., its Member Associations, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

We further give authorization and permission for the transportation of the player named herein to a place of medical treatment in the event the player is injured or involved in an incident while participating in said softball program, if in the opinion of any adult associated with said organized softball program, that the nature of the incident is such that the player ought to be examined for the purpose of determining whether or not an injury occurred or that treatment is necessary. We further understand that in the event such transportation or emergency medical is undertaken that every reasonable effort will be made to notify either a parent or legal guardian as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*Please include both parents/guardians names