

MEDICAL RELEASE

In the event of an accident, injury, or sickness with respect to the participant identified below, the undersigned parent/guardian gives his/her authority to the Coach/Alternate listed below to oversee medical treatment until such time as the undersigned parent/guardian can be contacted. The undersigned parent/guardian also assumes responsibility for payment of any and all medical treatment provided to the participant listed. This Release is valid for the period 6/11/2010 through 6/14/2010.

(Participant Name)

Parent Address: _____

Home Phone: _____ Office Phone: _____

Insurance Company: _____ Policy No: _____
Group No: _____

Participant Physician: _____ Phone: _____

Participant's Known Allergies/Medical Conditions: _____

In case parent/guardian cannot be reached, the following is designated to oversee the medical treatment until such time as parent/guardian can be contacted:

Coach: _____ Phone: _____
(Name)

Alternate: _____ Phone: _____
(Name)

Executed this _____ day of _____, _____

Parent/Guardian Signature)