



Medical Release/Emergency Info/ Parental Consent

Player Name: _____
Address: _____

DOB: _____ Grade: _____
Home Phone: _____ Cell: _____

Parent/Guardian: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email address(es): _____

Parent/Guardian: _____
Address: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____
Email address(es): _____

Emergency Contacts: *(Two different contacts)*

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Name: _____
Relationship: _____
Home Phone: _____
Work Phone: _____
Cell Phone: _____

Medical/Dental Insurance Information:

Medical Insurer: _____
Group/Policy#: _____
Doctor: _____
Phone: _____
Cell Phone: _____

Dental Insurer: _____
Group/Policy#: _____
Dentist: _____
Phone: _____
Cell Phone: _____

Player Emergency Treatment Information:

Above named player has the following health or medical issues/problems/prohibitions:

Consent for Medical Treatment: As the parent(s) or legal guardian(s) of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life and limb or well being of my dependent.

Information/Photo Release: We give permission for our family's names, address(es), phone numbers, and email addresses to be printed on the team roster(s). We will receive our own copy of the team roster(s) as a member of the Bears Softball Association. We give permission for the Bears Softball Association to use images of the above named player and contact information (such as email) in publications. We also give permission for the Bears Softball Association to use the email addresses provided to send Bears related information provided that the Bears Softball Association will allow us to remove our names at any time from the distribution list.

Signature of parent(s)/guardian(s)

Printed Name _____

Signature _____

Date _____

Printed Name _____

Signature _____

Date _____