



## B12 Girls Lax, LLC Medical Release Form

Player's First and Last Name (Please Print): \_\_\_\_\_

Player's Birth Date: \_\_\_\_\_

### **Emergency phone number other than parent/guardian**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Please list any medical conditions your daughter/player has that her B12 Girls Lax Coach should be aware of:

*I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the B12 Girls Lax, LLC program. Therefore, I grant the B12 Girls Lax, LLC the permission to act as surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry should the need arise. I also assume the financial responsibility for any medical treatment for my child.*

Parent/Guardian first and last name (Please Print): \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_