

NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Emergency / Medical Release Form

TEAM _____

Player's Name _____ Home Phone # _____

Address _____

Father's Name _____ Cell Phone # _____

Mother's Name _____ Cell Phone # _____

Emergency Contact Name _____ Phone # _____

Physician's Name _____ Phone # _____

Health Insurance _____ Insurance Policy # _____

Player's Date of Birth _____ Hospital Preference _____

Please list any allergies/medical problems, including those requiring maintenance medication(s). (i.e., Diabetes, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication |
|-------------------|------------|
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| | |
| | |

In case of emergencies, if the player's physician cannot be reached, I hereby authorize the above name player to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, ER Physician).

Parent/Guardian Signature _____ **Date** _____

Participation in Miss Charlotte Fastpitch Softball requires the ability to run, throw, swing a bat, and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity?

Yes _____ **No** _____