



Langley Rep Fastpitch



MEDICAL RELEASE FORM

Player: _____ Date of Birth: _____

Parent(s)/Guardian Name: _____ Relationship: _____

Parent(s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____ Prov.: _____

Postal Code: _____ Contact Email: _____

Home Phone: _____ Mobile Phone: _____

Family Physician: _____ Phone Number: _____

Care Card Number: _____

Allergies:

Medical Concerns:

Parent or Guardian's Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize:

My child, _____, born _____
Player's Name *Date of Birth*

to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Signed Date

Note: All information is strictly confidential. Form to be brought to each game and practice by team manager. For emergency use only.

Warning: Protective equipment cannot prevent all injuries a player may receive while participating in softball.