

Emergency Medical Authorization & Release Form



Player _____

Birth Date _____

I do hereby give consent for my daughter to participate in the Huntington Beach Girls Softball program. I acknowledge and understand that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players. I do hereby waive, release, absolve, indemnify and agree to hold harmless Huntington Beach Girls Softball, the organizers, sponsors, supervisors and participants from any claim arising out of any injury to my child except to the extent and in the amount covered by accident or liability insurance.

In case of Emergency contact:

Name	Home #	Cell#	Relationship
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In the event of Emergency Treatment being required, I hereby authorize:

1. The administration of any treatment deemed necessary by Certified Emergency Personnel or a licensed physician; and
2. The transfer of the child to a hospital, clinic or office to obtain treatment.

Please list any allergies, maintenance medications or special health needs (i.e., asthma, diabetes, seizure disorder, etc.):

Physician Name	Address	Phone #
Insurance Carrier	Policy #	Date of Last Tetanus Booster

Authorized Parent/Legal Guardian Signature

Date