

Fall Ball Medical Release Information

Name _____

Address _____

Phone Number (home) _____ (cell) _____

My daughter has permission to play softball for the FAST Fall Softball League. I will not hold FAST members, coaches, athletic field owners, sponsors, or their representatives responsible for injuries, damages, or losses that my child may incur during the softball season.

Parent/Guardian Signature

Date

Player Signature

Medical Authorization

Doctor's name _____ Phone _____

Dentist's name _____ Phone _____

Insurance Co. _____ Phone _____

Insurance Co. Account/group number _____

Preferred Hospital _____

Known Medical Condition _____

I hereby give my consent for immediate medical/emergency treatment, if I am not available at the time of injury.

Comments or special instructions:

Parent _____ Date _____