



2012

**SUMMIT CITY STEALTH GIRLS FAST PITCH
PLAYER INFORMATION/MEDICAL RELEASE FORM**

Player's Name: _____

E-Mail: _____

Phone: _____ Cell Phone(s): _____

Address: _____

City: _____ Zip: _____

Parents/Guardian Name(s): _____

Medical Information

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

Hospital Preference: _____ Insurance Carrier: _____

Member's Name: _____

List any allergies/physical limitations/medical conditions/or drug allergies:

In case of emergency, parents will be contacted first. If unavailable, please contact:

Name: _____ Phone: _____

I, the parent or guardian of the named softball player above, hereby give my approval to participate in any and all Summit City Stealth activities, including transportation to and from the activities. I know 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 the local league, field administration, the teams managers and coaches, the organizers, sponsors, supervisors, umpires, participants, and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I will furnish a State issued ID and certified birth certificate of the named candidate above upon request to Manager and/or League Officials. In case of emergency, if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (EMT, First Responder and E.R. Physician).

Parent/Guardian Signature

Date