



Waiver of Liability and Medical Release Form

Player Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ Zip: _____ Birth Date: _____

Primary Contact

Secondary Contact

Name: _____ Name: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

Emergency Contact Information

Name: _____ Relationship To Player: _____

Home Phone: _____ Cell Phone: _____

Insurance Company: _____ Ins. Phone: _____

Policy Holder's Name: _____ Policy Number: _____

Physician's Name: _____ Physician's Phone Number: _____

Does this participant have significant medical condition?

If yes explain: _____

I hereby release San Leandro Girls Softball, it's officers and volunteers from all liability for injury incurred by the registered player while taking part in any aspect of the program including camps, practices, games and other San Leandro Girls Softball activities.

I authorize the team staff to administer first aid as deemed necessary. In case of injury or medical emergency, I give my permission for my daughter to be treated by emergency medical personnel and/or physician to include first aid, transportation, hospitalization, medication, testing and/or surgery.

Parent/Guardian Signature

Date