



## The Summer Sixes Medical Release Form

(Note: use of this form is not mandatory but may be used if team specific forms are not available. No player may play without a valid notarized medical release form).

I hereby give my permission for any and all medical attention necessary to be administered to my child (name)

\_\_\_\_\_ in the event of an accident, injury, illness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

In case I cannot be reached, the following are designated on my behalf:

Coach: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Manager: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Other: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_