



Medical Release Form

PARENTS OR GUARDIANS OF ALL PARTICIPANTS UNDER THE AGE OF 18 MUST COMPLETE THIS RELEASE IN ORDER FOR THE PLAYER TO BE ELIGIBLE TO PARTICIPATE.

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

____ - ____ - ____ _____ - ____ - _____ _____ - ____ - ____
PLAYER'S DATE OF BIRTH SOCIAL SECURITY NUMBER DATE OF LAST TETANUS SHOT

Known allergies of this player, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

FAMILY PHYSICIAN _____ - ____ - ____
PHONE

NAME OF PARENT/GUARDIAN

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE

____ - ____ - ____ _____ - ____ - ____ _____ - ____ - ____
MAIN NUMBER SECONDARY NUMBER FAX NUMBER

EMAIL ADDRESS

INSURANCE CARRIER _____ POLICY NUMBER

PERSON RESPONSIBLE FOR CHARGES (if different from above)

STREET ADDRESS

CITY _____ STATE _____ ZIP CODE

____ - ____ - ____ _____ - ____ - ____ _____ - ____ - ____
MAIN NUMBER SECONDARY NUMBER FAX NUMBER

EMAIL ADDRESS

PERSON TO NOTIFY IF PARENT OR GUARDIAN IS UNAVAILABLE

____ - ____ - ____ _____ - ____ - ____
MAIN NUMBER SECONDARY NUMBER

NAME OF PARENT / GUARDIAN _____ DATE _____ SIGNATURE

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____
(name of person acknowledging).

SIGNATURE OF NOTARY PUBLIC - STATE OF FLORIDA (Print, Type, or Stamp Commissioned Name of Notary Public)

CHECK ONE: Produced Identification Type of Identification Produced: _____ Personally Known