AMERICAN AMATEUR BASEBALL CONGRESS OF GEORGIA

TEAM MEDICAL RELEASE FORM

TAKE TWO COMPLETED AND SIGNED ORIGINAL COPIES TO CERTIFICATION

The parents/guardians of the below-named members of the _____ team, sponsored by: _____, hereby give our permission for the TEAM MANAGER, TOURNAMENT DIRECTOR, or other AABC OF GEORGIA/AABC OFFICIAL to seek medical assistance for my/our child in case of illness or injury in my/our absence.

MEDICAL RELEASE FORM

NAME OF CHILD	SIGNATURE OF PARENT/GUARDIAN	KNOWN EXISTING MEDICAL OR PHYSICAL CONDITION OR ALLERGIES