



MEDICAL RELEASE FORM

Child's Name: _____

Participating Sport: _____

I certify that the above named child is physically capable and able to fulfill requirements of the above noted sport. I understand that this form legally releases all obligations and responsibilities, including financial liabilities for the medical treatment of the above named child in the event of illness or injury during any team related activity when the parent is present or not. I understand that if there is any physical or medical reason why the child shall be restricted or not participate fully, it is my responsibility to notify the coach and a TVYSA Board Representative as well as furnish a doctor's release in addition to this form.

MEDICAL TREATMENT PERMISSION FORM

In the event of an emergency while my child is participating in a league sponsored activity, I grant my permission to the league to take whatever action is necessary, in the event I cannot be reached; I hereby authorize any TVYSA official to give consent for my child, _____ to receive medical treatment.

Parents Emergency Contact Information:

Father: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Mother: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Other Emergency Contact Information:

Name: _____ Home Phone: _____

Relationship to Child: _____ Cell Phone: _____

Physician Information:

Physician's Name: _____ Ph#: _____

Parent/Legal Guardian Signature

Date