



Consent for Treatment Of Minors And Release Of Liability

PLAYER _____ DOB. _____

PARENT/GUARDIAN _____

ADDRESS _____

CONTACT _____

NUMBERS _____

PERSON TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN):

NAME: _____ RELATIONSHIP TO

PLAYER _____

HOME PHONE: _____ WORK PHONE _____

CHILDS _____

PHYSICIAN: _____ PHONE: _____

ALLERGIES (IF _____

ANY): _____

CURRENT MEDICATION (IF _____

ANY) _____

LAST TETANUS _____

IMMUNIZATION: _____

MEDICAL INSURANCE _____

PROVIDER: _____

GROUP OR PLAN _____

NO. _____

The undersigned, the parent(s) or legal guardian(s) of the above named minor, hereby authorize my child's coach or any other official of TEAM UNITY to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by duty licensed physicians, emergency medical technicians, paramedics or other medical practitioners in order to properly care for my child in the event she sustains injury or is suffering from any illness during the course of any playing or non-playing activities of TEAM UNITY; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of the above named minor is not reasonably available to provide the necessary consent to medical treatment.

I also give my permission for my child to represent TEAM UNITY, a competitive fast pitch team, and to accompany her team to any of its local or out of town tournaments, games or practice. In the event my child is injured or becomes ill during the course of any playing or non-playing activities of TEAM UNITY, I hereby authorize her coach or any other official of TEAM UNITY to administer or obtain appropriate first aid, and if necessary, to transport my child to a physician or hospital for further treatment. I hereby consent to my Childs participation in any and all activities of TEAM UNITY, and I agree to release, indemnify and hold harmless to TEAM UNITY Girls Softball Organization, and its officers, directors, and agents, from and against any liability of any kind arising out of the activities of TEAM UNITY or transportation to and from such activities.

I understand that participation in competitive athletics involves risk of physical injury or death which cannot be totally eliminated. However, players may reduce such risk by following a proper conditioning program, wearing or using helmets and other appropriate safety equipment, and properly reporting any injury to their coaches. In allowing my child to participate in the activities of TEAM UNITY, I understand that I am expressly assuming the risks referred to above and releasing TEAM UNITY from any and all liability arising out of or relating to the activities giving rise to such risks.

SIGNATURE OF PARENTS/GURDIANS(S): _____ DATE: _____

SIGNATURE OF PLAYER _____ DATE: _____