



Consent for Treatment of Minors and Release of Liability

PLAYER INFORMATION:

Name: _____
Last First Middle Initial Birth date

Parent / Guardian: _____
Last First Middle Initial Telephone

Parent / Guardian: _____
Last First Middle Initial Telephone

Alternate phone numbers: _____
Type (cell, work, etc) phone number
Type (cell, work, etc) phone number
Type (cell, work, etc) phone number
Type (cell, work, etc) phone number

NOTIFY IN CASE OF EMERGENCY (NOT PARENT OR GUARDIAN)

Name: _____ Relationship: _____

Phone Number: _____ Work Phone: _____

Childs Doctor: _____ Phone Number: _____

Childs Dentist: _____ Phone Number: _____

Allergies (if any): _____

Current Medication: _____

Last Tetanus Immunization: _____

Medical Insurance Provider: _____

Group or Plan Number: _____

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 the Tri-County Smash Softball Organization to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriated or necessary by any duly licensed physician, emergency medical technician, paramedic or other medical practitioner 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 the Tri-County Smash Softball Organization; provided, however, the foregoing consent of 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 the Tri-County Smash, a competitive softball team, and to accompany his team to any of its local or out of town tournaments, games or practices. In the event my child is injured or becomes ill during the course of any playing or non-playing activities of the Tri-County Smash, I hereby authorize his coach or any other official of the Tri-County Smash 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 child's participation in any and all activities of the Tri-County Smash, and I agree to release, indemnify and hold harmless the Tri-County Smash Girls Softball Organization and its officers, directors and agents, from and against any liability of any kind arising out of the activities of the Tri-County Smash or transportation to and from such activities. I understand that the medical insurance provided by the Tri-County Smash affords only excess or secondary coverage, which would apply only after other medical insurance providing coverage for my child has been resorted to. I further understand that the coverage provided by the Tri-County Smash may have a deductible amount.

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 the Tri-County Smash, I understand that we are expressly assuming the risks referred to above and releasing the Tri-County Smash from any and all liability arising out of or any related to the activities giving rise to such risks.

Signature of Parent(s)/Guardian(s) _____ Date: _____

Signature of Player: _____ Date: _____