

**MYA SOFTBALL MEDICAL RELEASE FORM
PARENT OR GUARDIAN AUTHORIZATION**

DATE _____

PLAYERS FULL NAME _____

DATE OF BIRTH _____

FAMILY PHYSICIAN _____

PHYSICIAN ADDRESS _____

PHYSICIAN TELEPHONE NUMBER _____

ALLERGIES _____

PHYSICAL HANDICAPS _____

MEDICAL DISORDERS _____

IN CASE OF AN EMERGENCY, IF THE FAMILY PHYSICIAN CANNOT BE CONTACTED, I HEREBY AUTHORIZE THAT MY DAUGHTER B Y TREATED BY ANOTHER QUALIFIED, LICENSED PHYSICIAN WHO IS AVAILABLE.

PARENT SIGNATURE _____

HOME ADDRESS _____

HOME TELEPHONE NUMBER _____

HEALTH INSURANCE CARRIER _____

POLICY OR CERTIFICATE NUMBER _____