

**Please Complete Both Halves of this Form**  
**MEDICAL RELEASE**

The parent/legal guardian of \_\_\_\_\_ (player):

- 1) Authorizes the manager or coach to transport player to the hospital and obtain treatment of the injury, and
- 2) Agrees that in the event of any injury sustained by player requiring medical attention while participating in San Mateo National Little League will assign all expenses to the below medical insurance carrier, with the understanding that all costs not covered by said company will be paid by Little League insurance.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S EMPLOYER \_\_\_\_\_

INSURANCE CARRIER \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

FAMILY DENTIST \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PLAYER'S STREET ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

**Does the player have a medical or emotional condition that you think the team manager should know about?** \_\_\_\_\_

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(Please complete entire page) **MEDICAL RELEASE** (Please complete entire page)

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PARENT'S EMPLOYER \_\_\_\_\_

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PLAYER'S STREET ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

**Does the player have a medical or emotional condition that you think the team manager should know about?** \_\_\_\_\_