

**MID-ATLANTIC PREMIERSHIP TEAM MEDICAL RELEASE FORM**

**Please print, complete, and return this form to your coach.  
Your coach must show a Medical Release Form and Waiver & Agreement Form for each player at registration for approval of participation.**

I hereby give permission for any and all medical attention necessary to be administered to my child (name) \_\_\_\_\_ in the event of accident, injury, sickness, etc., under the direction of either of the person(s) designated below, until such time as I may be contacted. If neither of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required subsequent to a determination made by the appropriate health care professional who is present. This release is effective until revoked, in writing, by me. I also hereby assume responsibility for payment of such treatment.

Name (Guardian): \_\_\_\_\_ Phone (Home): \_\_\_\_\_

Phone (Work): \_\_\_\_\_ Phone (Cell): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Insurance policy number: \_\_\_\_\_

**In case I cannot be reached, either of the following is designated:**

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's address: \_\_\_\_\_

Known allergies of child: \_\_\_\_\_

Signature (guardian): \_\_\_\_\_

Guardian's name (print): \_\_\_\_\_

Date: \_\_\_\_\_