



PAGS 2010 Medical Release Form

You must sign complete this medical release or your child will not be allowed to practice or play.

Last Name:	First Name:
Date of Birth:	
Address:	City:
State:	Zip Code:
Home Phone:	Parent Email:
Grade:	School:
Physician:	Physician Phone Number:
Medical Policy Name:	Medical Insurance Policy Number:
Medical Conditions:	

Medical Release/Liability Waiver:

As the Parent/Guardian of the player named herein, I acknowledge that participation in Palo Alto Girls Softball, as in any sport, may result in injury. I hereby release Palo Alto Girls Softball (PAGS), its members, agents, officers, coaches, managers and players from all liability or responsibility for any claim, damage or legal action on behalf of the player or the player's parents, their or personal representative arising from any injury the player may sustain while participating in PAGS softball. I hereby authorize, in the event of injury, any representative of PAGS to obtain whatever medical attention is deemed necessary for my daughter/ward. I hereby authorize any qualified medical practitioner to render such emergency medical treatment that he/she deems necessary for my daughter/ward. I hereby state that my daughter/ward is in good health and is physically able to play girls softball.

Signature

Print Name

Date