

**MIFFLIN AREA GIRLS SOFTBALL ASSOCIATION, INC.
MEDICAL FORM**

Please Print All Information

Player Name: _____ Date of Birth: _____

Address: _____ Age: _____

City: _____ Telephone: _____ Cell Phone: _____

AUTHORIZATION RELEASE

I hereby give permission for the player named above to participate in the Mifflin Area Girls Softball Association, Inc. program during _____. I recognize there is a risk of injury. I hereby release and discharge the league, officers, directors, coaches, and officials for any claims, demands or causes of action relating to any incurred while participating in any program or league sanctioned activity, or while traveling to or from scheduled participation in such activity.

Signature of Parent or Guardian: _____ Date: _____

**MIFFLIN AREA GIRLS SOFTBALL ASSOCIATION, INC.
MEDICAL RELEASE FORM**

I hereby authorize the coaches, officers or directors of the Mifflin Area Girls Softball Association, Inc. to act as my agent and representative for the purpose of authorizing and consenting to hospital an/or medical care and treatment of the above name player for any injury that may occur while she is in care or custody of them. This authorization shall continue until such time as I am contacted. I assume all responsibility for payment of any such treatment or cost relating to such action.

Date this _____ day of _____.

(Parent of Guardian Signature)

(Print Name Parent/Guardian)

(Address if different from child)

(Relationship to child)

(Home Phone)

(Work Phone)

(Family Physician)

(Family Physician Phone)

(List of regularly taken medications)

(Medical Insurance)

(Medical Insurance Policy Number)