

NORTHVILLE BASEBALL – SOFTBALL ASSOCIATION

**MEDICAL RELEASE FORM FOR THE 2012 SEASON**

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the people listed below, until such time as I may be contacted.

This release is effective for the time during which my child is participating in the Northville Baseball-Softball Association program and any tournaments associated with the program, to include travel to and from such activities, for the season indicated above.

I also hereby assume the responsibility for payment of any such treatment.

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Child's Name: \_\_\_\_\_

Parents' or Guardians' Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_  
(number & street) (city) (zip code)

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

**Persons designated to act for me in case I cannot be reached:**

Head Coach: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Assistant Coach: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_ - \_\_\_\_\_

Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: Home: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work: ( ) \_\_\_\_\_ - \_\_\_\_\_

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Does your child have any allergic reactions to medication, insect bites, food, etc.? \_\_\_\_\_

If yes, please provide additional information: \_\_\_\_\_

Is there any other medical information about which we should know? \_\_\_\_\_

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_