



# Langley Fastball Association

## MEDICAL RELEASE FORM

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Player's Address: \_\_\_\_\_ City: \_\_\_\_\_ Prov.: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Allergies:

Medical Concerns:

Parent or Guardian's Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize:

My child, \_\_\_\_\_, born \_\_\_\_\_  
*Player's Name* *Date of Birth*

to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

**Note:** All information is strictly confidential. Form to be brought to each game and practice by team manager. For emergency use only.

**Warning:** Protective equipment cannot prevent all injuries a player may receive while participating in softball.