

# MEDICAL RELEASE FORM

**Parents: Complete this form and return it to your player's Coach or Team Manager.**  
**Coaches/Managers: Keep forms with players at all Crossfire activities.** In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

## PERSONAL INFORMATION – PLEASE PRINT NEATLY

Player	Last	First	Birth Date	___ - ___ - ___	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Mother	Last	First	Phone		Email			
Father	Last	First	Phone		Email			
Address			City		State		Zip	
Alternate Contact	Last	First	Relationship		Phone			
Address			City		State		Zip	
<b>Physician</b>	Last	First	Phone	Day	Emergency			
Local Hospital or Medical Facility Preference								
Insurance Carrier:			ID#					
Person responsible for charges (if different from above):								

## MEDICAL HISTORY

Note: Crossfire / LWYSA may require a physician's release for participation

Allergies		Prescription Meds	
Drug Allergies		Last Tetanus Booster	Date ___ - ___ - ___

Does player have any condition that could potentially limit his/her physical ability or increase risk of injury as a result of participating in athletic activities? Yes\_\_\_ No\_\_\_ If Yes, please explain:

## PARENT'S CONSENT

As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent or Legal Guardian

## NOTARY REQUIREMENT FOR Out of State Travel ONLY!

- Signature of Parent/Guardian Must Be Notarized:

State of _____ County of _____	<b>SEAL</b>
Sworn to and subscribed before me on the ___ day of _____	
Notary Public in and for the State of _____	
<b>Signature:</b> _____	
<b>Commission expires:</b> _____	