

FURY FASTPITCH MEDICAL RELEASE

NOTE: To be carried by any Regular Season or Tournament
Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender
(M/F): _____
Parent (s)/Guardian Name: _____
Relationship: _____
Parent (s)/Guardian Name: _____
Relationship: _____
Player's Address: _____ City: _____ State/Country: _____
Zip: _____
Home Phone: _____ Work Phone: _____ Mobile
Phone: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION: Email: _____

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified
Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____

State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group

ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group

ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name Phone Relationship to Player

Name Phone Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure
Disorder)

Medical Diagnosis

Medication

Dosage

Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with
or alter treatment.

Mr./Mrs./Ms.

Authorized Parent/Guardian Signature Date:

FOR LEAGUE USE ONLY: