

# Tri-County League Medical Release Form

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc., under the direction of the individuals listed below until such time as I may be contacted. This release is effective for the time period during which my child is actively participating in or traveling to or from a Tri-County League sponsored Baseball and/or Softball event for the 2014 season. I also hereby assume the responsibility for payment of any such treatment and expenses associated with such treatment.

My child's  
name is: \_\_\_\_\_

Parent or Guardian  
name: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_  
( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Family \_\_\_\_\_

Physician \_\_\_\_\_

Physician's  
Address \_\_\_\_\_

Phone  
number: ( ) \_\_\_\_\_

**In case I cannot  
be reached or I  
am not present,  
any of the  
following people  
are designated:**

Name \_\_\_\_\_ Phone  
number ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone  
number ( ) \_\_\_\_\_

Coach's Name \_\_\_\_\_

Coach's Name \_\_\_\_\_

Signature of  
Parent or  
Guardian \_\_\_\_\_

Date \_\_\_\_\_