

Youth Sports Medical Release Form

Participant Information

Participant Name

Date of Birth

Address

Parent/Guardian Phone

Emergency Contacts

Contact Name

Phone

Alternate Contact Name

Phone

Medical Information

Physician Name

Physician Phone

Insurance Carrier

Policy Number

Allergies (if any)

Medications (if any)

Medical Conditions

Authorization & Release

I hereby authorize coaches, staff, or representatives to seek and provide first aid and, if necessary, obtain medical care for my child in the event of an emergency. I agree to hold harmless the organizers from any claims.

Parent/Guardian Name

Signature

Date