



FREDERICKSBURG *Challenge Cup*



Medical Release Form

Specific team forms may be used in lieu of this form providing the requisite information is available. No player will be allowed to register and play without a valid medical release form.

I hereby give my permission for any and all medical attention to be administered to my child (name) _____ in the event of an accident, injury, illness, etc. under the direction of the persons listed below until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Parent/Guardian

Name: _____

Address: _____

City: _____ State: ____ Zip: _____

Telephone: (H) _____ (W) _____ (C) _____

Email: _____

Insurance Company _____

Policy Number _____

In case I cannot be reached the following are designated on my behalf:

Coach: _____ Phone _____

Manager: _____ Phone _____

Other: _____ Phone _____

Physician: _____ Phone _____

Parent/Guardian signature _____