**Player Medical Treatment Waiver/Liability Release**

**MEDICAL INFORMATION (in case of emergency)**

Player’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Name: Phone

Are there any medical conditions of which the coaches should be aware?

Player’s Parent or Guardian must have full health insurance coverage for the player.

Name of Carrier

Address State Zip

Policy Number:

**RELEASE OF RESPONSIBILITY AND CONSENT FOR MEDICAL TREATMENT**

I hereby authorize the staff of Minnesota Fastpitch Academy Inc. to act for me according to their best judgment in any emergency requiring medical attention and I hereby waive and release Minnesota Fastpitch Academy from any and/or all liability for any injuries or illnesses incurred while at practice, scrimmages, team functions, games or in transportation to a medical facility except for injury directly resulting from gross negligence or willful misconduct. I have no knowledge of any physical impairment that would be affected by the above named player’s participation in the Minnesota Fastpitch Academy-Force program. I also understand that Minnesota Fastpitch Academy-Force retains the right to use for publicity and advertising photographs of player’s taken during the practice and playing season.

Parent/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_

Printed Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Creating Champions for Life*