

## Minnesota Fastpitch Academy –Force

---

### 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*