



Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Alt \_\_\_\_\_

### **Emergency Information**

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies / Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Group or Plan Number \_\_\_\_\_ (or attach copy of medical card)

The undersigned parent or legal guardian of the above named minor, hereby authorize my child's coach or any other official of All American Sports Academy Teams to consent to any emergency medical treatment, including hospitalization and/or surgery which is deemed advisable, appropriate or necessary by any licensed physician, emergency medical technician or paramedic.

I also give my permission for my child to compete and represent All American Sports Academy Teams in competitive fast pitch softball/baseball and all activities related to including travel, fund raising events and team functions.

I agree to release, indemnify and hold harmless All American Sports Academy Teams, All American Sports Academy Inc. and its officers, directors or agents from any liability of any kind arising from activities of All American Sports Academy Teams during any team events or travel to such event.

I understand that the medical insurance provided by All American Sports Academy Teams affords only excess or secondary coverage which would apply only after other medical insurance providing coverage for my child has been resorted to. I further understand that the coverage provided by All American Sports Academy Teams may require a deductible for which I am responsible.

Signature of Parent / Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Player \_\_\_\_\_ Date \_\_\_\_\_

Signature of All American Sports  
Academy Teams Representative \_\_\_\_\_ Date \_\_\_\_\_