Medical Release Form

Medical Authorization:

Player's Name_____DOB:____/____/____

Address:_____ City:_____ ST:_____ Zip: _____

Parent's Phone #: _____

Emergency Phone #: _____

_____
Relation

In the event of illness or injury, permission is hereby granted to the coaching staff of the Indiana Mustangs Baseball club, or its designated representative(s), including but not limited to RoundTripper Baseball Academy staff and Community Health Network, Inc. and it's professional staff, to administer or secure medical assistance and/or take any other action as may be deemed prudent, including, without limitation, referral to licensed medical personnel or transfer to the appropriated hospital or medical facility.

Parent/Guardian Signatures: (1.)_____ (2.)_____

MEDICAL CERTIFICATION:

I herby certify that _____ is physically able to participate for the Indiana Mustangs Baseball club for the 2017-2018 season.

Family Physician:_____ Physician Phone #:_____-_____-_____

Address:_____ City:_____ ST:____ Zip:_____

Allergies to medications:_____

MEDICAL INSURANCE INFORMATION:

Insurance Co:_____ID#:_____ Group #:_____

Address:_____ City:_____ ST:____ Zip:_____

Additional Information:_____

Parental Release:

_____has our permission to participate in all activities, including post-season tournaments not specifically scheduled. We acknowledge that these activities may require travel in various modes of transportation, with accommodations and meals in various establishments. We acknowledge that our child participates in all activities at his own risk. In consideration of you permitting him to participate, we hereby release the coaching staff, any sponsors, the Indiana Mustangs Baseball club or any local or national associations with which the team may affiliate, and the employees, agents, heirs, affiliates, officers, successors and assigns of each from any responsibility that you or they might have regarding the health and physical condition of our son during his participation, on behalf of ourselves, our son, our heirs, executors and assigns, we further release and forever discharge all of the above individuals and entities from any and every claim, demand, right or cause of action either in law or in equity arising form our son's participation in all activities.
The undersigned agree to indemnify and hold harmless all the above individuals and entities form any claim made in derogation of this release.

Parent/Guardian Signature:_____ Date:_____/_____/_____

Parent/Guardian Signature:_____ Date:_____/_____/_____