

**NAPERVILLE DIAMONDS SOFTBALL ASSOCIATION
MEDICAL RELEASE**

Player's Name: _____ *Date of Birth: _____

Address: _____
(Street) (City) (Zip Code)

Home Phone: () _____ Cell: () _____

Other Phone: () _____ Email Address: _____

Parent(s) Name: _____

Legal Guardian (if applicable): _____

Please provide NDSA with supporting documentation

EMERGENCY CONTACTS:

In the event that we are unable to reach a parent or guardian in an emergency, please list two contacts to call in an emergency situation.

Primary Contact: **(Name, Address & Phone Number):** _____
Relationship to Player: _____

Alternative Contact: **Name, Address & Phone Number):** _____
Relationship to Player: _____

GENERAL MEDICAL INFORMATION:

Any medical information provided will be held in strict confidence by NDSA, the managers, coaches and staff but is necessary to properly treat your daughter in an emergency. If necessary, attach any additional information you believe may be pertinent to your daughter's emergency care and treatment.

Physician Name: _____ Phone: _____

Health History: Asthma _____ Convulsion _____ Diabetes: _____ Insulin
Type: _____

Food/Medical/Insect/Other Allergies (Please list): _____

Operations or Injuries (Please include dates): _____

Chronic or Recurring Illnesses: _____ Current

Medications (Please list): _____

Circle all that apply: Ear Tubes, Knee Brace, Dental Braces/Appliances

Eye Glasses/Contacts Other: _____

HEATH INSURANCE INFORMATION:

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Policy Holder (parent): _____

Name & Address of Employer: _____

The Undersigned states that the above information including the player's health history is correct and that to the best of my knowledge, my child is in good physical condition. The Undersigned is not aware of any physical or mental infirmity which would place my child at risk to participate in any way with playing softball for the Naperville Diamonds Softball Association, the Southwest Suburban Softball Girls League, The ASA, NSA, USSSA, and any tournament with my child may attend or participate (collectively "NDSA"). I am fully aware of the risks and hazards connected with my child or I playing or participating in fast pitch softball and that it is a rigorous group activity. I also understand that serious injury, permanent disability and death may be the result, directly or indirectly of the action, inaction or negligence of others, the rules of play, the condition of the field or any equipment used as well as other unknown risks not reasonably foreseeable at this time. I approve her participation in any and all NDSA activities and tournaments as well as the severe social and economic losses that might result from such participation and resulting injury.

While playing or participating with the NDSA, I give my permission for the DIAMONDS to administer appropriate, immediate medical treatment to my child in the event of an accident, illness or injury according to their best judgment, as advised by emergency personnel or as instructed by my child's physician. In an emergency, I also authorize the DIAMONDS to transport my child to the nearest hospital for care and treatment by attending hospital emergency physicians and medical personnel including dentist and associated medical personnel. I am fully responsible for the payment of any and all such transportation costs, hospital and medical personnel fees as well as other expenses incurred for medical services rendered. I understand that in an emergency, reasonable effort will be made to contact the persons designated to make them aware of my child's medical condition and to seek authorization for appropriate medical care and treatment.

I have read this MEDICAL RELEASE. I SIGN IT FREELY, VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

If the undersigned is 18 years or older, I am signing this Agreement on behalf of myself.

Parent's Signature

Parent's Printed Name

Date