



MEDICAL RELEASE FORM
2018-2019 Season

Please provide information about allergies or medical conditions that the team should have in case of emergency.

I/we, the parent(s) of the player named below for a position on the Maine Thunder travel softball team, hereby give my/our approval to participate in any and all Team activities including transportation to and from activities.

I/we know that participation in softball may result in serious injuries and protective equipment does not prevent all injuries to players and do hereby waive, release, absolve, indemnify and agree to hold harmless the Edge Academy organization, sponsors, participants, coaches and persons transporting my/our child to and from activities for any claim arising out of an injury to my/our child whether the results of negligence or for any other cause.

In case of emergency, if family physician cannot be reached, I/we hereby authorize my child to be treated by Certified Emergency Personnel. (ie. EMT, First Responder, E.R. Physician.)

Family Physician: _____ Phone: _____

Address: _____ City/Town _____

Insurance: _____ Policy: _____

In case of Emergency, please call: _____ Phone: _____

Or _____ Phone: _____

PLAYER NAME: _____ Team: _____

Parent(s) or Guardian Signature _____

Please Print Name(s) _____