

CrossfireTM SELECT

MEDICAL RELEASE FORM

Parents: Complete this form and return it to your player's Coach or Team Manager.

Coaches/Managers: Keep forms with players at all LWYSA/WSYSA activities. In the event of injury requiring emergency medical attention, this form should accompany the player to the medical facility.

Player	<small>Last</small>	<small>First</small>	Birth Date		Male ___ Female ___
Mother	<small>Last</small>	<small>First</small>	Phone	<small>Day</small>	<small>Alt</small>
Father	<small>Last</small>	<small>First</small>	Phone	<small>Day</small>	<small>Alt</small>
Address			City		<small>State</small> <small>Zip</small>
Alternate Contact	<small>Last</small>	<small>First</small>	<small>Relationship</small>		<small>Phone</small>
Address			City		<small>State</small> <small>Zip</small>
Physician			Phone	<small>Day</small>	<small>Alt</small>

Local Hospital or Medical Facility Preference	
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Insurance Carrier		ID#
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Person responsible for charges (if different from above):

Note: LWYSA may require a physician's release for participation

Allergies		Prescription Meds	
Drug Allergies		Last Tetanus Booster	Date:

Does player have any condition that could potentially limit his/her physical ability or increase risk of injury as a result of participating in athletic activities? Yes___ No___ If Yes, please explain:

As the parent or legal guardian of the above registered participant, I request that, in my absence, the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given any guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

I certify that the information provided above is true and accurate to the best of my knowledge.

Signature: _____ Date: _____
Parent or Legal Guardian