

SEAA WORLD SERIES
MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date below.

FULL LEGAL NAME OF PARENT/GUARDIAN _____

ADDRESS _____

street

city

state

zip

INSURANCE COMPANY _____

POLICY NUMBER/INFORMATION _____

In the event Parent/Guardian cannot be reached, the following person(s) is/are designated to act on my behalf:

* Coach _____

* Assistant Coach _____

* Manager _____

* A League Representative where my child is playing

* Any tournament representative where my child is participating in a tournament

* Other/Relationship _____

PHYSICIAN _____

ADDRESS _____

street

city

state

zip

PHONE _____

ANY/ALL KNOW ALLERGIES _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

WRITTEN NAME OF PARENT/GUARDIAN _____

Subscribed and sworn before me _____ day of _____, 20____

Notary Public