

San Jose Lady Sharks

2010

Release Form

Date: _____

The undersigned, in consideration of participation in the club program, agrees to indemnify and hold the *San Jose Lady Sharks* organization harmless, and release the **San Jose Lady Sharks** from any and all liability of any injury which may be suffered by the below named individual registered in this softball program, arising out of, or in any way connected with participation in this program.

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by the Amateur Softball Association or any of its Regional Association. I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant, to the best of my knowledge, is physically fit to engage in the activities described above.

I have read the above application and agree, by my signature, that I fully understand that I assume all risks for injuries involved.

Parent or Guardian _____

San Jose Lady Sharks Girls Fast Pitch Softball

Player Medical History and Release Form

This must be completed - legibly - and signed by player's parent or guardian. By signing this form the participant affirms having read it. A copy of this form must be carried with the coach for all training and competitions.

Name (Last, First)	Birthday	Age
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Parent or Guardian	Emergency Contact
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Name: _____	Name: _____
Address: _____	Home Phone: _____
	Work Phone: _____
Home Phone: _____	Insurance Co: _____
Work Phone: _____	Group/Policy #: _____
	Does policy cover sports related accidents? Y/N
	Address: _____

Dentist: _____	Doctor: _____
Address: _____	Address: _____
Phone: _____	Phone: _____

Immunization (Please state month and year)

Tetanus _____	Polio _____	MMR _____
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Health History	Yes	No	Date	Please elaborate (especially on those conditions that might be aggravated)
Allergies	___	___	___	
Asthma	___	___	___	
Congenital Prob.	___	___	___	
Diabetes	___	___	___	
Epilepsy	___	___	___	
Heart	___	___	___	
Ankle Injuries	___	___	___	
Knee Injuries	___	___	___	
Back Injuries	___	___	___	
Head/Neck Inj.	___	___	___	
Shoulder Inj.	___	___	___	
Wrist Injuries	___	___	___	
Hand Injuries	___	___	___	
Finger Injuries	___	___	___	
Other Injuries	___	___	___	

Height _____ Weight _____

Is there any psycho-social or physical condition for which the participant is currently under professional care: YES ___ NO ___

Is the participant currently taking any medication? YES ___ NO ___
 If so, please name drug(s), dosage and frequency needed: _____

List any know drug allergies: _____

Please elaborate on any medical conditions we should be aware of:

Please list any injuries that participant has received in the last two months:

Comments: _____

Permission to Participate

My child, _____, has permission to participate in the **San Jose Lady Sharks** season extending from January 1, 2009 through December 31, 2009. My child is in good health and able to participate in all normal softball training and competitive activities.

Note: While your child is in the care of a coach, an emergency illness or accident may occur, which requires immediate medical or dental attention. In Civil Code Section 25.8, the California Legislature has authorized consent, in advance, by parent or guardian for such treatment. Such consent serves to protect **San Jose Lady Sharks**, softball coach, the doctor, and yourself, by assuring that prompt emergency treatment can be administered. This form enables you to provide this consent as well as to offer information helpful to the treatment of your child.

Consent to Treatment of a Minor

The undersigned, parent(s) or guardian(s) of _____, a minor, hereby authorize the coach, or such substitute as he or she may designate as agent for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the provisions of the Medical Practice Act and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act, whether such diagnosis or treatment rendered at the office of said physician or dentist, in the hospital or otherwise.

This authorization is given prior to any diagnosis or treatment known to be required in order to enable said coach or agent to act effectively in an emergency situation where I cannot be contacted. Should said coach or agent exercise their authorization consent hereunder upon the advice of a licensed physician and surgeon or dentist, I knowingly and voluntarily exonerate and release said coach or agents of the **San Jose Lady Sharks** from any liability for this action.

I understand that all reasonable measures will be taken to safeguard the health and safety of my child and that I will be notified as soon as possible in case of emergency.

This authorization shall remain in effect from January 1, 2009 through December 31, 2009, the duration of the **San Jose Lady Sharks** training and competition season.

Parent or Guardian _____ Relationship _____ Date _____

Witness _____ Witness _____ (Two adults required)

**I DO NOT AUTHORIZE EMERGENCY MEDICAL/DENTAL CARE FOR MY
DAUGHTER**

X _____