



**MEDICAL RELEASE FORM**

**TO WHOM IT MAY CONCERN:**

This is to certify that I, as Parent or Guardian, of \_\_\_\_\_, a player on a **PITTSBURGH POWER** traveling softball team, hereby grant permission to the team manager, team coach, or team representative to obtain medical care from any licensed physician, hospital, or medical clinic for the above-named player at such times as either the Parent or Guardian is not present or cannot be contacted in person or by telephone. This authorization shall include all team activities, including the period required to travel to and from those activities. I also hereby waive, release, absolve, indemnify, and agree to hold the **PITTSBURGH POWER** harmless, including its administrators, supervisors, coaches, participants, and persons transporting the above-named player to and from any activity from any claim arising out of any injury to the above-named player. I also understand that accident insurance carried by the **PITTSBURGH POWER** is a secondary insurance only.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Players Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Address: \_\_\_\_\_ AGE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Alt. Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Group #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions Pittsburgh Power Should Be Aware : \_\_\_\_\_

Emergency Contact (Not Parent or Guardian): \_\_\_\_\_

Phone No.: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_