



PITTSBURGH POWER SOFTBALL

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 SOFTBALL** traveling team, hereby grant permission to the adult manager, coach, or business manager of the team 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 Legal 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 harmless the **PITTSBURGH POWER** organization and it's administrators, supervisors, coaches, participants, and persons transporting the above named player to and from any **PITTSBURGH POWER** activity from any claim arising out of any injury to the above named player. I also understand that accident insurance carried by **PITTSBURGH POWER SOFTBALL** 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 of: _____

Emergency Contact (Not Parent or Guardian): _____

Phone No.: _____ Relationship to Player: _____