

DRIFTON PARK SOFTBALL & BASEBALL COMPLEX

PARTICIPANT LIABILITY WAIVER AND RELEASE FORM

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MEDICAL AUTHORIZATION FORM

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name (if under 18): _____

Address: _____

Phone Number (Primary): _____

Phone Number (Alternate): _____

Emergency Contact (other than parent/guardian):

Name: _____

Relationship: _____

Phone Number: _____

Medical Insurance Information:

Insurance Provider: _____

Policy Number: _____

Group Number: _____

Allergies or Medical Conditions:

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Medications Currently Taking:

MEDICAL TREATMENT AUTHORIZATION

I, the undersigned parent or legal guardian of the above-named participant, hereby authorize the staff, coaches, and representatives of Drifton Park Softball and Baseball Complex to act on my behalf in the event that I cannot be contacted, to secure emergency medical treatment, including hospitalization, surgery, anesthesia, and any other necessary medical care for my child while participating in activities at Drifton Park.

I understand that all efforts will be made to contact me before medical action is taken. I also assume full responsibility for the payment of any services rendered.

Parent/Guardian Signature: _____

Print Name: _____

Date: _____