MEDICAL RELEASE FORM

As the parent/legal guard the above-named player be admit authorize physicians, dentists, ar such licensed technicians or nu procedures and x-ray treatment examination or treatment. I auth from the above-named player.	ted to any hospital or me nd staff, duly licensed as rses, to perform any di of the above minor. I	edical facility for diagnosis s Doctors of Medicine or agnostic procedures, trea have not been given a gu	Doctors of Dentistry or other tment procedures, operative uarantee as to the results of
Date of Players Birth / Month Day Known allergies of this player,		of last Tetanus Booster I to medicine:	
Any other medical problems w	hich should be noted: _		
Family Physician		Phone ()
Name of Parent/Guardian			
Address	dressCity/State/Zip		
Phone (H)	(W)	(FAX)	
Person responsible for charges	S (if different from above)		
Address		City/State/Zip	_
Phone (H)	(W)	(FAX)	
Person to notify if parent/guard	lian is unavailable		
Phone (H)			
Insurance Carrier		Policy Number	
Signature of Parent/Guardian			
STATE OF			
COUNTY OF			
	ed before me on the and for the State of	day of	, 20

Commission expires_____