

Wilson Youth Softball

www.wilsonyouthsoftball.com



Medical Information and Emergency Contacts

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone Number: _____

Parent/Guardian Name: _____

Parent/Guardian Cell Phone Number: _____

Health Insurance Company: _____

Policy #: _____

Subscriber's Name: _____

Employer: _____

List two emergency contacts if parent/guardian cannot be reached:

Name: _____ Phone # _____ Relation: _____

Name: _____ Phone # _____ Relation: _____

Physician: _____ Phone # _____

Allergies: _____

Medical Conditions: _____

I/we the undersigned, parents of _____ (child's name) consent to our child's participation in the Liberty-Wilson Youth Softball program and release the Liberty-Wilson Youth Softball and members from all liability. In the event that I cannot be contacted, I authorize treatment by a physician or hospital if my child requires medical care.

Signature _____ Date _____