



**Medical Release Form (Please Print Clearly)**

I, \_\_\_\_\_, parent/guardian of (child's name) \_\_\_\_\_,  
 give permission for any member of the Nashua Crusaders or their designee to seek medical attention  
 for my child should he/she become injured while I am unavailable.

Participant's Name:		Participant's Date of Birth (mm/dd/yy):	
Is this your child's first year with the Crusaders?  Yes            No	If no how many years (including this season) has your child been a participant of the Crusaders? _____ yrs.	School Name/ Grade for the 2015-2016 school year:	
Complete Address (including city, state and zip):		Home Phone:	
1st Parent/Guardian's Name:		Cell Phone:	
Email Address:		Work Phone:	
2nd Parent/Guardian's Name:		Cell Phone:	
Email Address:		Work Phone:	
Primary Insurance Company:		Group #:	
Family Physician:		Phone:	
Hospital Preference:			
Allergies/Medication:			
Emergency Contact Name and Relationship			

My signature on this form allows medical treatment for my child only in the event that I have been unable to be reached by a member of the Nashua Crusaders and in cases of emergency only.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_