Emergency Information & Consent

Medical Authorization

I hereby authorize Capistrano Girls Softball to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Capistrano Girls Softball from any and all liability for any injuries or illness incurred while participating in the Capistrano Girl Softball program.

Player's Name:_____ Age:_____ Birthday:_____

Address:_____ City:_____ Zip:_____

Phone:_____

Father's Name:_____

Father's Address:_____ City:_____ Zip:_____

Father's Phone (H):_____ (W):_____ (C):_____

Father's Email:_____ Father's Employer:_____

Mother's Name:_____

Mother's Address:_____ City:_____ Zip:_____

Mother's Phone (H):_____ (W):_____ (C):_____

Mother's Email:_____ Mother's Employer:_____

Family Health Insurance

Carrier:_____ Group:_____

Policy #:_____ Group#:_____ ID#_____

Family Physician Name:_____

Address:_____ City:_____

Phone:_____ Alternate Phone:_____

Allergies:_____

Medical Conditions:_____

I / We hereby grant consent to any and all health care providers designated by Capistrano Girls Softball to provide my child, _____, any necessary medical care as a result of any injury / illness.

Date:_____ Father's Signature:_____

Date:_____ Mother's Signature:_____