

Delaware Magic
2009 Medical Release Form

Parent or Guardian Authorization:

Player's Name: _____ Date of Birth: _____

Child's Physician: _____ Phone: _____

Hospital Preference (if applicable): _____

In case of emergency, contact:

Name	Phone	Relationship to player

ALLERGIES to medications or environmental exposure (i.e. bee stings, etc.):

MEDICAL PROBLEMS/LIMITATIONS (asthma, diabetes, physical limitations) :

OTHER SPECIAL CONSIDERATIONS/CONCERNS regarding your child (including prescription medications she may be taking):

Date of last Tetanus Toxoid Booster: _____

This is to certify that I, as the parent or guardian of _____ a player with the Delaware Magic Organization, hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, emergency medical technician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities; including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Delaware Magic, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

Mr./ Mrs./ Ms. _____
Authorized Parent/Guardian Signature Date

Relationship to Player _____