

**Medical Insurance
Information & Release**



Player: _____

For Primary Insurance ONLY:

Insurance Company Name: _____

Policy No. / Contract No. _____

Policy is through Employer (Name): _____

**Primary
Person
Insured**

Employee Name: _____

Address: _____

City, State, Zip: _____

Home Phone: () _____

**In Case
Of
Emergency**

Contact Person: _____

Address: _____

Home Phone: () _____

Work Phone: () _____

Cell Phone: () _____

() _____

Pager: () _____

Known Allergies to any Medication:

Medications taken Regularly (please include purpose of medication):

Medical Release

My child's name is _____.

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of an accident, injury, sickness, etc. under the direction of the coaches listed below, until such time as I may be contacted.

This medical release is effective for the time period during which my child is participating in the Ann Arbor Gold Girls Fastpitch program (_____ - _____) which includes practices, tournaments/ league play, special events and the travel time associated to and from tournaments.

I also hereby assume the responsibility for payment of any such treatment.

Gold Coaches: _____

() _____

() _____

Parent Signature

Date