



Medical Release Form

Player Last Name: _____ First: _____ Middle Initial: _____

Address: _____

City: _____ Zip: _____ Birth Date: _____

Primary Contact

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Secondary Contact

Name: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Emergency Contact Information

Name: _____ Relationship To Player: _____

Home Phone: _____

Cell Phone: _____

Insurance Company: _____

Ins. Phone: _____

Policy Holder's Name: _____ Policy Number: _____

Does this participant have significant medical condition?

If yes explain: _____

Liability and Medical Release

TOGSA maintains limited secondary accident/medical insurance for participation. TOGSA recommends that participants maintain their own medical/accident insurance. I, the parent or legal guardian of the above participant, a minor, hereby authorizes the coaches, assistant coaches or parents of the team members acting in the capacity of activity supervisors/vehicle drivers, as my agents to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and or care at a hospital.

Signature of parent or guardian

Date