

MEDICAL RELEASE FORM

To whom it may concern:

This is to certify that I , as parent or guardian of

_____,
a player on the Ingomar Franklin Park Athletic Association

_____ Team, 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, 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 the Ingomar Franklin Park Athletic Association, the organizers, supervisors, participants and person transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

Signed: _____

Relationship to player: _____

Signed: _____

Relationship to player: _____

Insurance Information:

Carrier: _____

I.D. Number _____

Additional Instructions: