



Congressional Bank High School Classic Medical Release Form

Please fill in all information:

I hereby authorize the Congressional Bank High School Classic staff, or anyone they may designate, to treat my ___son ___daughter _____ for injuries or illness he may incur during practice or any games. Use the space provided to indicate **ANY/ALL PREEXISTING MEDICAL CONDITIONS** that your son/daughter may have (i.e. allergies, heart conditions. . .)

All participants **MUST** have and provide **ACCURATE** insurance information in the event of an emergency, injury or illness incurred while attending the Congressional Bank High School Classic or related events.

Please complete the following with updated and accurate information:

Please print neatly all medical information below:

Parent/Guardian: _____

Relationship to Player: mother _____ father _____ guardian _____ step: _____

Phone number: (H) _____ (W) _____ (C) _____

Insurance Carrier's Name: _____

Policy Number: _____

I will provide accurate insurance coverage and information and authorize necessary medical treatment and/or admission to any hospital designated by the Congressional Bank High School Classic, or their designated staff. It is understood that the parents or their agents will be called upon to give additional authorization if advanced treatment (MRI, Lab test, surgical procedures, etc.) is necessary.

Parent/Guardian Signature: _____ **date:** _____

Note: If this form isn't signed your player will not be allowed to participate in any Congressional Bank High School Classic related events.

SOFTBALL/BASEBALL MEDICAL RELEASE FORM DEADLINE MAY 8, 2010