



## Medical Release Form

I hereby give permission for my daughter to become a member of the Bownet Softball team. I understand that the Bownet staff is not responsible for personal injury or loss of property. I hereby give my consent and permission to Bownet and its staff to obtain medical care for our daughter.

\_\_\_\_\_  
(Name of player) (Date of Birth)

In the event of an emergency that would reasonably require medical care for the above named player while she is participating in activities sponsored by the Bownet, I further agree to pay for all medical charges incurred for such care, not covered by the Bownet insurance policy.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Parent or Guardian Date

For Emergency (Name):

\_\_\_\_\_  
Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
(We will always try to notify parents first)

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any Medical Problems/Disabilities/Medications: \_\_\_\_\_

\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ E-mail Address: \_\_\_\_\_