

RICHMOND RUCKUS YOUTH SPORTS PROGRAM

MEDICAL RELEASE FORM & AUTHORIZATION

**** TO BE READ AND SIGNED BY PLAYER'S PARENT OR LEGAL GUARDIAN ****

I fully understand the nature and extent of the dangers associated in the game of fast pitch softball and/or baseball, including but not limited to the ball, other players, officials, spectators, structures, and potential hazards with the field of play. I also understand that prior to, during, and subsequent to the actual playing of the game of fast pitch softball and/or baseball the player may be exposed to such dangers and agree that the Richmond Ruckus, its agents, managers, officers, sponsors, participants, and persons transporting the player to and from activities (collectively, "Richmond Ruckus") are not liable for injuries resulting from such causes.

NAME OF PLAYER _____

ADDRESS _____

HOME PHONE # _____

PARENT / GUARDIAN NAMES _____

ADDRESS(S) _____

HOME PHONE# _____ WORK PHONE# _____

EMERGENCY CONTACT _____

EMERGENCY CONTACT PHONE# _____

INSURANCE CARRIER _____ POLICY# _____

CURRENT MEDICATIONS BEING ADMINISTERED, ALLERGIES/OTHER MEDICAL
CONDITIONS

In the event the player requires emergency medical attention while under the supervision of the Richmond Ruckus, and no parent or guardian can be contacted, I authorize the Richmond Ruckus to consent to the provision of emergency medical treatment including signing all necessary documentation and releases required for such care. I hereby release and forever discharge any and all rights and claims which I or the player may have or which may later accrue against the Richmond Ruckus for any and all injuries resulting from such medical treatment.

I acknowledge that I am voluntarily requesting the player be permitted to play for the Richmond Ruckus Youth Sports Program.

Parent / Guardian Signature _____

Date _____ Relationship to player _____