



GSA Academy/Select MEDICAL RELEASE FORM

I hereby give permission for my child, _____, to receive any and all medical attention required. In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____
HOME PHONE: _____
INSURANCE COMP: _____
POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

- Coach: _____
- Team Manager: _____
- A league representative where my child is playing.
- Any tournament official where my child is participating in a tournament

PHYSICIAN: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE _____

Parent or Guardian

Date