



Emergency Information & Consent

Medical Authorization

I hereby authorize Capistrano Girls Softball to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive and release Capistrano Girls Softball from any and all liability for any injuries or illness incurred while participating in the Capistrano Girl Softball program.

Player's Name: _____ Age: _____ Birthday: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Father's Name: _____

Father's Address: _____ City: _____ Zip: _____

Father's Phone (H): _____ (W): _____ (C): _____

Father's Email: _____ Father's Employer: _____

Mother's Name: _____

Mother's Address: _____ City: _____ Zip: _____

Mother's Phone (H): _____ (W): _____ (C): _____

Mother's Email: _____ Mother's Employer: _____

Family Health Insurance

Carrier: _____ Group: _____

Policy #: _____ Group#: _____ ID# _____

Family Physician Name: _____

Address: _____ City: _____

Phone: _____ Alternate Phone: _____

Allergies: _____

Medical Conditions: _____

I / We hereby grant consent to any and all health care providers designated by Capistrano Girls Softball to provide my child, _____, any necessary medical care as a result of any injury / illness.

Date: _____

Father's Signature: _____

Date: _____

Mother's Signature: _____