



JACKSON FASTPITCH ASSOCIATION

LEGAL RELEASE FORM

HOLD HARMLESS: I, the parent or legal guardian of the below named player, hereby agree to release and discharge the Jackson Fastpitch Association, its Officers, members, coaches and umpires of and from any and all liability for injury to my child resulting from, or connected in any manner, with participation in the Jackson Fastpitch Association programs.

PUBLIC RELATIONS: I grant permission to Jackson Fastpitch Association to publish photographs of my child for the purposes of promoting and publicizing JFA, in print, internet or on social media sites.

I attest that I have read and understand all of the above. Date: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

MEDICAL CONSENT FORM

In the event attempts to contact me at either of the following phone numbers, _____ or _____ have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment deemed necessary by:

Preferred Physician: _____ Phone: _____

Preferred Dentist: _____ Phone: _____

Or if the preferred physician or dentist is not available, treatment by any other licensed physician or dentist.

2. The transport of my child to _____ (preferred hospital) or any other hospital that is immediately accessible.

This authorization does not cover major medical surgery unless, in the opinion of the attending physician or dentist, there is a life-threatening situation requiring such surgery.

Facts concerning the child's medical history including allergies, current medications, and other physical conditions to be a physician should be alerted are:

Parent/Legal Guardian's Printed Name: _____

Parent/Legal Guardian's Signature: _____ Date: _____

Insurance Provider: _____ Group Number: _____