Emergency Care Medical Release Youth Softball Association of Coral Springs, Inc.

Pla	yer's Name: (Please Print)		
Da:	to of Dirth:	First	Last
	te of Birth:		
In (case of emergency, I/we can be cont	acted as follows:	
	Name		Telephone
	Name		Telephone
Na	me of family physician:		
Pla	yer's known allergies:		
	Consent for Medi	<u>ical Treatment, Ho</u>	spitalization, and Release
 2. 3. 	my/our custody and under the age I/we hereby consent and approve a Association of Coral Springs, Inc., we I/we recognize that my/our child me program. In the event that my/our emergency treatment and therefor coach, or director acting on their bour member of any City, State, Counqualified medical personnel as massustained while participating in the which I/we agree to be responsible I/we hereby release the Youth Soft coaches, members, and directors for participation in the above program or authorized agent of the above or	of eighteen (18) yes aid child's participy hich is a non-profinal sustain physical child incurs an injure authorize and insect that it is a program. If we further agrees that it is a program, if they deem neces that it is a program, and all liable. If we further agree reganization for any of my/our child if my/our ch	ation in the program of the Youth Softball t existing under the laws of the State of Florida. I injury during his/her participation in said ary, I/we hereby request that said child receive struct the above named league, any manager, ergency medical treatment from any physician, ency medical unit or paramedic or other eat my/our child for injuries that may be ther instruct and authorize hospitalization for
I/w	ve consent to and agree with the abo	ove information:	
Fat	ther's Signature:		Date:
Mc	other's Signature:	Date:	
VC A	CS Use Only		

YSACS U	YSACS Use Only														
	Shirt							Pants							
Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult	Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult
Small	Med	Large	XL	Small	Med	Large	XL	Small	Med	Large	XL	Small	Med	Large	XL