

MEDICAL RELEASE FORM FOR PREVIEW

Health/Medical Information

Subscriber Full Name _____

Medical Insurance Company _____ Policy # _____

If player should be restricted from any activity please note _____

Please identify any medical or physical conditions or history that would require special attention _____

Emergency Contact Name _____ Phone # _____

Consent and Wavier

The Undersigning herby authorizes directors, coaches, staff and associates of the All-American Softball Inc. and College Prep Program to provide softball instruction to my daughter. I certify that my child is physically able to participate in this Preview. The undersigning understands that All American Inc. and College Prep Program, its directors, members, coaches, staff and associates will not administer physical examination and will rely solely upon the information on this form.

The undersigning further understands and acknowledges that each participant will be in activities that involve risk of serious injury, including permanent disability, and death, and that severe social and economic losses may result not only from her own actions, inactions, or negligence but from the actions, inactions or negligence of others, as well as the rules of play, the condition of the premises or from any equipment used, The undersigning knowingly and voluntarily assumes all such risks of injury or wrongful death occurring to his/her daughter, against All American Softball Inc. and College Prep Program, its directors, member, coaches, staff, associates, affiliates, sponsors, and if applicable, owners and lessors/lessees of the premises used to conduct the event, arising out of her use of equipment and facilities or instruction received during the Preview.

The undersigning authorizes directors, members, coaches, staff, and associates of All American Softball Inc. and College Prep to act on my behalf according to their best judgment in any emergency requiring medical attention and gives permission for the named player to receive medical treatment or hospitalization if necessary. Further, the undersigning agrees to be financially responsible for any medical attention during the Preview or resulting from an injury received at the Preview. The undersigned's medical insurance shall be the insurance coverage for any medical treatment.

Parent of Legal Guardian: (Print Name) _____

Signature: _____ Date: _____

More Information

For more information contact Kelly Jackson at (916) 374-1907 or kelly@softballschool.com. You can also visit the All American Softball Inc. and College Prep Program website at www.softballschool.com.