



Mountain View – Los Altos Girls Softball League

P.O. Box 4264, Mountain View, California 94040 • www.mvlags.org

Release, Consent, and Medical Authorization

PLAYER INFORMATION

Last Name: _____ First Name: _____ Birth Date: ____/____/____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Emergency Contact(s):

Name	Phone Number	Relationship

Phone numbers where you can be reached in an emergency (in priority order):

First Name	Last Name	Relationship	Phone	Type

MEDICAL DOCTOR AND MEDICAL INSURANCE INFORMATION

Doctor's Name: _____ Phone: _____ Last Tetanus: _____

Last Physical: _____ Insurance Company: _____ Policy #: _____



Mountain View – Los Altos Girls Softball League

P.O. Box 4264, Mountain View, California 94040 • www.mvlags.org

Release, Consent, and Medical Authorization

CONSENT FOR EMERGENCY MEDICAL TREATMENT, WAIVER, AND RELEASE

Player's Last Name: _____ Player's First Name: _____

Birth Date: ____/____/____ Doctor's Name: _____ Phone: _____

Consent to Participate

I/We, the undersigned parent(s)/guardian(s) of the Player identified above, hereby give my/our permission and consent for my child, the Player listed above (hereafter "Player") to participate in any and all activities of the Mountain View – Los Altos Girls Softball League (hereafter "MVLAYS") including transportation to and from such activities. I/We understand that participation in MVLAYS involves a significant commitment of time and effort and hereby pledge our family's best effort to satisfy this commitment. I/We hereby agree to abide by the rules of the MVLAYS and further to return all MVLAYS equipment and uniforms in acceptable condition or to be financially responsible for same.

Waiver of Liability and Assumption of Risk

I/We understand and I/we acknowledge that the MVLAYS activities are inherently risky and may result in serious and/or fatal injury. I/We, hereby individually and on behalf of our Player expressly assume any and all risks and hazards directly or indirectly incidental to such participation in MVLAYS activities, including transportation to and from such activities. I/We, hereby individually and on behalf of the Player, expressly waive, release, indemnify, and agree to hold harmless, defend, and indemnify MVLAYS and all its directors, officers, volunteers, sponsoring organizations, contractors, organizers, administrators, participants, coaches, assistants, or other representatives, including any and all persons or groups providing transportation to and/or from any MVLAYS activities, and against and all claims, demands, or lawsuits directly or indirectly arising from participation in any MVLAYS activity.

Consent to Medical Treatment

I/We authorize the MVLAYS or their representatives, as agent to the undersigned, to give consent for emergency medical care for the Player that is prescribed and deemed advisable by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician and rendered under the general or special supervision of a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the dependent minor Player. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent of any and all diagnosis, treatment of hospital care which the physician in the exercise of the best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, will be applied to emergency care only, and shall remain effective until revoked in writing.

It is my/our intent that this "Consent to Participate, Waiver of Liability, and Consent for Medical Treatment" remain in full force and effect at all times.

List any medical condition and/or history that may prevent, limit participation, or require special attention (e.g. prior injury, asthma, vision problems, allergies, etc.):

Whenever possible, both parents and/or legal guardians must execute this form before it is returned to the MVLAYS.

_____ Signature of Player's Parent/Guardian	_____ Date	_____ Signature of Player's Parent/Guardian	_____ Date
_____ Print Name		_____ Print Name	