

Maryland STARS

Medical Release Form

Players Name: _____

Players Address: _____

Parent or Guardian Name: _____

Phone #: Home: _____ Work: _____

Phone #: Cell 1: _____ Cell 2: _____

Emergency Contact Name: _____

Phone #: Home: _____ Work: _____

Phone #: Cell 1: _____ Cell 2: _____

Doctors Name: _____ Phone #: _____

Insurance Company: _____

Policy Number: _____

Medical Information and/or Restrictions: _____

This is to certify that I, Parent or Guardian of _____, a player on a Maryland STARS team, consent to and authorize the Coaches of the team to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle. This authorization shall include all team activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Maryland STARS, its officers, members, organizers, managers, coaches, and sponsors of any claim arising out of the injury to the player.

Parent or Guardian Signature: _____

Relationship to player: _____ Date: _____