



2017 Player Emergency Contact Information - Medical Release – Photo Release

Player Name:

Age as of 1/1/2017:

Circle one: 6U

8U

10U

12U

14U

EMERGENCY PARENT/GUARDIAN CONTACT # 1:

Mobile Phone:

Home Phone:

Relationship:

EMERGENCY PARENT/GUARDIAN CONTACT # 2:

Mobile Phone:

Home Phone:

Relationship:

EMERGENCY CONTACT # 3:

Mobile Phone:

Home Phone:

Relationship:

PHYSICIAN:

PHONE:

MEDICAL INSURANCE:

GROUP or POLICY NUMBER:

Medications:

* Please explain any pertinent information below such as allergies, asthma, heart conditions, restrictions, or physical impairments:

PLAYER PARTICIPATION AND MEDICAL RELEASE:

I (we) do hereby give my (our) consent for _____ (Player name) to actively participate in the Peninsula Youth Softball Association league. I (we) assume all risks and hazards, which are incidental to the conduct of this program. When requested, I (we) will submit a copy of "Certificate of Live Birth." I (we) understand that when the manager or chaperone is present, Bollinger Insurance covers all players and this coverage extends for 52 weeks from the time of an accident. This is a secondary insurance policy and is only in effect for team practices on sites which have been approved by the Board of Directors; all league games; all league approved tournaments; all approved Travel team games and practices; and participation in approved fundraising events. I (we) am responsible for the payment of the Player's registration fee and to support my (our) girls' team and league by allowing my (our) girl to be at practices and games. I (we) will support all positive examples of SPORTSMANSHIP, LEADERSHIP AND TEAMWORK. I (we) will contact a member of the Board of Directors in writing of any concerns we may have in regard to my (our) daughter's well-being. I (we) authorize a member of the Peninsula Youth Softball Association (PYSA) staff to administer minor treatment as necessary. It is understood that in case of an emergency, every effort will be made to contact me (us) at the numbers listed on this form. The undersigned parents(s) or legal guardian (s) of the player, a minor, do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act, or a dentist licensed under the provision of the Dental Practice Act and on the staff at any acute general hospital currently licensed by the State Department of Public Health. This authorization is given pursuant to the provision of the Civil Code of California. Consent remains in effect until **12/31/2017**.

Signature of Parent/Guardian:

Date:

PERMISSION TO USE PHOTO RELEASE:

Please be advised that all participants involved with Peninsula Youth Softball Association (PYSA) may be photographed. Photographs may be used by the Peninsula Youth Softball Association (PYSA) in publications such as newspapers, programs or on PYSA's website and without obligation to provide compensation to those photographed. I (we) give permission to release PYSA from any liability resulting from or connected to the publication of photographs. This permission covers all written, video and electronic publishing medium.

Signature of Parent/Guardian:

Date: