LEGAL RELEASE FORM

HOLD HARMLESS: I, the parent or legal guardian of the below named player, hereby agree to release and discharge the Salem Aftershock Softball, its Officers, members, coaches and umpires of and from any and all liability for injury to my child resulting from, or connected in any manner, with participation in the Salem Aftershock Softball programs.

PUBLIC RELATIONS: I grant permission for Salem Aftershock Softball to publish photographs of my child for the purposes of promoting and publicizing SAS, in print, internet or on social media sites.

I attest that I have read and understand all of the above: DATE:_____

Parent/Guardian Printed Name:_____Signature_____

MEDICAL CONSENT FORM

In the attempts to contact me at either of the following phone numbers, _____

Or _____ have been unsuccessful, I hereby give my consent for:

The administration of any treatment deemed necessary by:

Preferred Physician:_____Phone:_____

Preferred Dentist:_____Phone:_____

Or if the preferred physician or dentist is not available, treatment by any other licensed physician or dentist.

The transport of my child to the nearest hospital or any other emergency treatment facility that is immediately accessible. This authorization does not cover medical surgery unless, in the opinion of the attending physician or dentist, there is a life-threatening situation requiring such surgery.

Facts concerning the child's medical history including allergies, current medications and other physical conditions for a physician to be alerted to are:_____

_____.

Parent/Guardian's Printed Name:_____Signature:_____

Insurance Provider:_____Group#_____

Physicians Name_____Phone#_____