

CRANBERRY TOWNSHIP ATHLETIC ASSOCIATION

Medical Release Form

Please complete this form, sign it, and return it to your child's manager as soon as possible. Players will be prohibited from playing league games until this is done.

Player's Name: _____ Home Phone: _____

Birth Date: _____ Age: _____ Last Tetanus Shot: _____

Parents Names: _____ Work Phone: _____

Home Address: _____

Comments: _____

Medical Conditions to be watched:

Religion: _____ Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy Number : _____

Nearest relative to be contacted in an emergency (please include phone #)

I hereby give my consent for the Cranberry Township Athletic Association to procure emergency medical treatment for my son/daughter in the event of an injury.

Parent/Guardian Signature: _____ Date: _____

Team Name: _____ Manager Name: _____