

Albany Berkeley Girls Softball League

Medical/Email/Photo Release Form - Emergency Information & Parental Consent

**Note: Player will not be registered unless this form is completed and returned with the ABGSL Reg. form.
Coaches: This form must be present at all practices and games involving this player.**

Child's Name _____ Date of Birth: _____ Grade _____

Parent/Guardian _____ Parent/Guardian _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Emergency Contacts (List two different contacts/people):

Name _____ Name _____

Relationship _____ Relationship _____

Phones _____ Phones _____

Medical/Dental Insurance Information:

Insurer _____ Group/Policy # _____

Doctor _____ Phone _____

Dental Insurer _____ Group/Policy # _____

Dentist _____ Phone _____

Emergency Treatment Information: Above named child has the following problems/prohibitions:

Consent for Medical Treatment: As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve the life and limb or well-being of my dependent.

Information/Email/Photo Release: We give permission for our family's names, address(es), phone numbers, and email address(es) to be printed on the team roster(s). We will receive a copy of our team roster(s) and, as ABGSL members, will use the information only for ABGSL-related purposes. We understand that ABGSL neither provides this information to the entire league nor publishes this information on the ABGSL website. We also give permission for ABGSL to use the email address(es) provided to send ABGSL-related information and to add our email address(es) to league-controlled distribution lists (used only for ABGSL-related information) provided that ABGSL will allow us to remove our names at any time from the distribution list. We also give permission for ABGSL to use images of the registered child and coaches in publications and literature including the ABGSL website, provided that individuals are not identified by name in such publications.

Signature of parent or guardian _____ Date _____

Mail forms and payment to:
ABGSL, 1700 Shattuck Ave #28, Berkeley, CA 94709

Questions:
ABGSL Hotline 510-869-4277, www.abgsl.org
Releases 08.3