CALIFORNIA BREEZE

Consent For Treatment Of Minors And Release Of Liability

PLAYER :_____
Last First Initial Date of Birth

PARENT/GUARDIAN:
_____
Last First Initial Telephone No.

ADDRESS: _____
Street Address City State Zip

PERSON TO NOTIFY IN CASE OF EMERGENCY (OTHER THAN PARENT/GUARDIAN):

NAME :_____RELATIONSHIP TO PLAYER: _____
HOME PHONE: _____WORK PHONE: _____
CHILD'S PHYSICIAN_____PHONE: _____
DENTIST: _____PHONE: _____
ALLERGIES (IF ANY):_____
CURRENT MEDICATION (IF ANY): _____
LAST TETANUS IMMUNIZATION: _____
MEDICAL INSURANCE PROVIDER: _____
GROUP OR PLAN NO._____

The undersigned, the parent(s) or legal guardian(s) of the above named minor, hereby authorize my child's coach or any other official of the California Breeze to consent to any medical examination or treatment, including hospitalization and/or surgery, which is deemed advisable, appropriate or necessary by duly licensed physicians, emergency medical technicians, paramedics or other medical practitioners in order to properly care for my child in the event she sustains injury or is suffering from any illness during the course of any playing or non-playing activities of the California Breeze; provided, however, the foregoing consent or authorization shall be valid only in a situation where a parent or legal guardian of the above named minor is not reasonably available to provide the necessary consent to medical treatment.

I also give my permission for my child to represent the California Breeze, a competitive fast pitch softball team, and to accompany her team to any of its local or out of town tournaments, games or practices. In the event my child is injured or becomes ill during the course of any playing or non-playing activities of the California Breeze, I hereby authorize her coach or any other official of the California Breeze to administer or obtain appropriate first aid, and if necessary, to transport my child to a physician or hospital for further treatment. I hereby consent to my child's participation in any and all activities of the California Breeze, and I agree to release, indemnify and hold harmless the California Breeze Girls Softball Organization, and its officers, directors, and agents, from and against any liability of any kind arising out of the activities of the California Breeze or transportation to and from such activities.

I understand that participation in competitive athletics involves risk of physical injury or death which cannot be totally eliminated. However, players may reduce such risk by following a proper conditioning program, wearing or using helmets and other appropriate safety equipment, and properly reporting any injury to their coaches. In allowing my child to participate in the activities of the California Breeze, I understand that I am expressly assuming the risks referred to above and releasing the California Breeze from any and all liability arising out of or relating to the activities giving rise to such risks.

SIGNATURE OF PARENT(S)/GUARDIAN(S):_____DATE:_____
SIGNATURE OF PLAYER: _____DATE:_____