

SANDLOT TOURNAMENTS
(Medical Release Form)

To Whom It May Concern:

This is to certify that I, Parent or Legal Guardian of child named below hereby grant permission to Managing Personnel or other Tournament Representatives to authorize and obtain medical care from any licensed Physician, Hospital or Medical Clinic should my child become ill or injured while participating in tournament activities away from home, or when neither Parent or Legal Guardian is available in person or by telephone to grant authorization for emergency treatment.

This authorization shall include all tournament activities including transportation to and from this event and all locations of tournament play.

(Child's Name)

(Date)

(Mother or Legal Guardian Signature)

(Phone #)

(Father or Legal Guardian Signature)

(Phone #)

****Both Parents/Guardians must sign form***