



Mountain View – Los Altos Girls Softball League

P.O. Box 4264, Mountain View, California 94040 • www.mvlags.org

Consent, Waiver, and Emergency Medical Form

PLAYER INFORMATION

Last Name: _____ First Name: _____ Birth Date: _____

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

Phone numbers where you can be reached in an emergency (in priority order):

Name	Phone Number	Relationship	Type (Hm/Wk/Cell)

Non-parent contact if unable to reach a parent or guardian at the above numbers:

Name	Phone Number	Relationship	Type (Hm/Wk/Cell)

MEDICAL DOCTOR AND MEDICAL INSURANCE INFORMATION

Doctor's Name: _____ Phone: _____ Last Tetanus: _____

Last Physical: _____ Insurance Company: _____ Policy #: _____

PHOTO IMAGE RELEASE

I/We authorize the Mountain View – Los Altos Girls Softball League to use a photo image of my child taken during practice and/or in competition for the promotion of the Mountain View – Los Altos Girls Softball League in its website and/or in local and regional newspapers.

Whenever possible, both parents and/or legal guardians must execute this form before it is returned to the Mountain View – Los Altos Girls Softball League.

Signature of Player's Parent/Guardian Date

Signature of Player's Parent/Guardian Date

Print Name

Print Name



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CONSENT FOR EMERGENCY MEDICAL TREATMENT, WAIVER, AND RELEASE

Player's Last Name: _____ Player's First Name: _____

Birth Date: _____ Doctor's Name: _____ Phone #: _____

Consent to Participate

I/We, the undersigned parent(s)/guardian(s) of the Player identified above, hereby give my/our permission and consent for my child, the Player listed above (hereafter "Player") to participate in any and all activities of the Mountain View – Los Altos Girls Softball League (hereafter "MVLAGE") including transportation to and from such activities. I/We understand that participation in the MVLAGE involves a significant commitment of time and effort and hereby pledge our family's best effort to satisfy this commitment. I/We hereby agree to abide by the rules of the MVLAGE and further to return all MVLAGE equipment and uniforms in acceptable condition or to be financially responsible for same.

Waiver of Liability and Assumption of Risk

I/We understand and I/we acknowledge that the MVLAGE activities are inherently risky and may result in serious and/or fatal injury. I/We, hereby individually and on behalf of our Player expressly assume any and all risks and hazards directly or indirectly incidental to such participation in the MVLAGE activities, including transportation to and from such activities. I/We, hereby individually and on behalf of the Player, expressly waive, release, indemnify and agree to hold harmless, defend and indemnify the MVLAGE, and all its directors, officers, volunteers, sponsoring organizations, contractors, sponsors, organizers, administrators, participants, coaches, assistants, or other representatives, including any and all persons or groups providing transportation to and/or from any MVLAGE activities, and against and all claims, demands, or lawsuits directly or indirectly arising from participation in any MVLAGE activity.

Consent to Medical Treatment

I/We authorize the MVLAGE or their representatives, as agent to the undersigned, to give consent for emergency medical care for the Player that is prescribed and deemed advisable by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician and rendered under the general or special supervision of a duly licensed physician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the dependent minor Player. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent of any and all diagnosis, treatment of hospital care which the physician in the exercise of the best judgment may deem advisable. This authorization is give pursuant to the provisions of Section 25.8 of the Civil Code of California, will be applied to emergency care only, and shall remain effective until revoked in writing.

It is my/our intent that this "Approval to Participate, Consent for Medical Treatment and Waiver and Release" remain in full force and effect at all times.

List any medical condition and/or history that may prevent, limit participation, or require special attention (e.g. prior injury, asthma, vision problems, allergies, etc.):

Whenever possible, both parents and/or legal guardians must execute this form before it is returned to the MVLAGE.

Signature of Player's Parent/Guardian Date

Signature of Player's Parent/Guardian Date

Print Name

Print Name