

# Twin Hills ASA Softball



Field Address  
3001 Calle Abajo  
San Diego, CA 92139

Mail Address  
P.O. Box 390638  
San Diego, CA 92149



www.thsoftball.com  
(619) 313-3879

## MEDICAL/DENTAL & TRANSPORTATION CONSENT/RELEASE

As a parent and or guardian, I/We do herewith authorize the treatment by a qualified and licensed medical doctor/dentist of the minor in the event of a medical emergency which, in the opinion of the attending Physician, may endanger his or her life, or cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

I/We, the undersigned, also give our child permission to be transported by **PRIVATE VEHICLES** as part of (mode of transportation)

his/her participation in the **TWIN HILLS ASA SOFTBALL** program, or by whatever means of transportation (organization)

**BOARD MEMBERS, MANAGERS, COACHES** deems appropriate.  
(directors name)

Name of Minor: \_\_\_\_\_

Relationship: \_\_\_\_\_

Any Known Allergies: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

**EMERGENCY CONTACT:** (if parent/guardian is unreachable):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home #: (\_\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_\_) \_\_\_\_\_

This release form is completed and signed of my own free will with the purpose of authorizing travel and medical treatment under emergency circumstances in my absence.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Home #: (\_\_\_\_\_) \_\_\_\_\_