



PLAYER MEDICAL FORM

Welcome to Pro Style Softball Training

We ask that you please take the time to fill out our Player's Emergency Contact Form. It will be your responsibility to make sure this form is updated when/if any changes to your contact information occurs.

Player/Parent Information

Player Name: _____

Player Date of Birth: ____/____/____

Player Gender: Male | Female

Contact Information

Parents Name: _____

Relationship: _____

Parents/Guardian Name: Relationship: _____

Address: _____ City: _____

Zip: _____ State: _____

Home Phone: () _____

Cell Phone: () _____



Parent of Legal Guardian Authorization

In case of an emergency, if family physician cannot be reached, I _____ (state relationship to player) _____, hereby authorize my child to be treated by certified emergency personnel (i.e, EMT, First Responder, ER Physician).

Physician: _____ Phone: () _____

Insurance: _____

Policy#: _____

Group# _____

Please list any allergies or medical concerns, including those that require maintenance medication (i.e, Diabetes, Asthma, Epilepsy)

In case you cannot be reached in an emergency, please provide an alternative contact.

Alternate Contacts Name: _____

Home Phone: () _____

Cell Phone: () _____