

**American Martyrs Athletic Association**  
**MEDICAL INFORMATION AND RELEASE FORM**

Player's Name \_\_\_\_\_

D.O.B \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Cell Phone(s): \_\_\_\_\_

Home Phone(s): \_\_\_\_\_

Work Phone(s): \_\_\_\_\_

Other Emergency Contact(s): \_\_\_\_\_

**MEDICAL INFORMATION:**

Family Physician's Name \_\_\_\_\_

Phone \_\_\_\_\_ Address \_\_\_\_\_

Allergies and/or Medical Conditions (list):

\_\_\_\_\_

Medications (list):

\_\_\_\_\_

Date of Last Tetanus booster \_\_\_\_\_

I/we hereby grant permission to American Martyrs Athletic Association to approve medical care from a medical professional in the event of my absence during practice/meet/game, or any AMAA events. My absence should not prevent a physician from providing attention to my child in an emergency. My signature below hereby releases the coaches and assistants from any and all liabilities as described above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I/we hereby release American Martyrs Athletic Association from all responsibilities for injuries incurred at any AMAA events/practices/games, by the child named above. I/we have consulted with our family physician, and the child listed above has been cleared for athletic participation. In addition, I agree that my child will be available to participate in both practices and competitions as required by the coaches of the individual sport.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_