

CRANBERRY TOWNSHIP ATHLETIC ASSOCIATION

Medical Release Form

Please complete this form, sign it, and return it to your child's manager as soon as possible. Players will be prohibited from playing league games until this is done.

Player's Name: _____ Home Phone: _____

Birth Date: _____ Age: _____ Last Tetanus Shot: _____

Parents Names: _____ Work Phone: _____

Home Address: _____

Comments: _____

Medical Conditions to be watched:

Religion: _____ Family Doctor: _____ Phone: _____

Insurance Carrier: _____ Policy Number : _____

Nearest relative to be contacted in an emergency (please include phone #)

By signing below I agree to the following:

- **Agree to release, absolve, indemnify, and hold harmless the CTAA, its sponsors, officers, managers, and coaches in case of injury to my son/daughter during these activities and when being transported to or from these activities.**
- **I/we understand that the insurance carried by this league covers only the amount that is not provided by my/our carrier.**
- **I hereby give my consent for the Cranberry Township Athletic Association to procure emergency medical treatment for my son/daughter in the event of an injury.**

Parent/Guardian Signature: _____ Date: _____

Team Name: _____ Manager Name: _____