

SOUTHAMPTON GIRLS CLUB SOFTBALL  
PO BOX 935  
SOUTHAMPTON, PA 18966  
[www.southamptongirlssoftball.org](http://www.southamptongirlssoftball.org)

**MEDICAL RELEASE/RELEASE OF LIABILITY FORM**

I \_\_\_\_\_ (parent/guardian), give the Manager, Coaches or

Representatives of the Southampton Girls Club (SGC) permission to work with my child,

\_\_\_\_\_ for the purpose of softball clinics. I understand, the Southampton Girls Club is not liable for any injuries she may sustain. Furthermore, I authorize any medical treatment that may be necessary while she is in attendance until I can be contacted personally.

I release from responsibility any of the officials with the clinics and/or the Southampton Girls Club.

My child \_\_\_\_\_ is allergic to the following:

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(Please enter "None" if no allergies)

My child \_\_\_\_\_ is presently taking the following

Medications: \_\_\_\_\_  
(Please enter "None" if not taking any medications)

Reason for medication: \_\_\_\_\_

Does your daughter have any physical conditions or limitations we should know about? (yes) (no)

If yes, please explain \_\_\_\_\_

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Circle one: Parent/Guardian