

Medical Insurance Information Form
The First Presbyterian Church of Irwin
617 Main Street
Irwin, PA 15642 724 863 5910

Check one: Adult (21 years old+) Youth (16th year through 20th year)

Name _____ Phone Number _____

Address _____ City _____ Zip _____

Birth Date _____ Cell Phone(s) _____

Medical Insurance Information:

Hospital Insurance: Yes No If "no" you can not participate in softball.

Name of Policy Holder _____ Insurance Company _____

Policy Number _____ Physician's Name _____

Hospital preference (to be honored if possible) _____

1. We(I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

2. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

3. Should it be necessary for our(my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

4. The undersigned does also hereby give permission for our(my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The First Presbyterian Church of Irwin.

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The items numbered 1, 2, and 3 also apply to adults if medical treatment is needed.

As parent/Legal Guardian, items listed above as 1, 2, 3, and 4 apply to your child. The supplied insurance information is accurate.

As an adult participant, items listed above as 1, 2, and 3 apply to you. The supplied insurance information is accurate.

SIGNATURE _____ DATE _____

As parent/Legal Guardian for the above named child, I agree to the following:

As an adult participant, I agree to the following:

- I assume all risks and hazards incidental to the participation of my child or myself in The First Presbyterian Church Softball Team.
- I hold harmless The First Presbyterian Church of Irwin, organizers, coaches, and sponsors in case of injury to my child, my family, or to me.

SIGNATURE _____ DATE _____