

Rocklin Pony Youth Baseball
MEDICAL RELEASE AND PERMISSION FORM

PLAYER'S NAME _____ AGE _____

ADDRESS _____ ZIP _____

In Case of Emergency Notify: _____ Phone _____

(2nd Contact) In Case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Insurance Company _____ Policy # _____

IMMUNIZATIONS: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other _____ (List dates if known)

MEDICAL HISTORY

(Check where appropriate)

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach _____ Hay Fever _____ Other _____

ALLERGIES: (List additional information where necessary)

Food _____

Penicillin or other medication (Name) _____

Insect stings/bites _____

Any Physical Limitations or Current Medical Issues _____

Previous operations or serious illness _____

Hospitalization _____

Any current medications: _____

Past Disease: Chickenpox ___ Measles ___ Mumps ___ Whooping Cough ___ Other _____

PERMISSION FOR TREATMENT AND MEDICAL RELEASE

As the legal guardian for the above-named player, I do hereby grant permission for my minor child to be treated for any accident or emergency condition that occurs in my absence as deemed appropriate by the adult Manager, Coach, League Official and/or Team Mom. I realize that reasonable efforts will be made to contact me as soon as possible. This permission includes necessary first-aid provided by the above-noted persons. The information as stated on this form may be provided to a Hospital or Emergency Medical Care Physician. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Rocklin PONY Youth Baseball Organization, Rocklin Youth Baseball, Inc.: the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player, so named on this form.

Signature of Parent/Guardian

Date

THIS FORM MUST BE COMPLETED FOR ALL PARTICIPANTS!