



Holland Wales Baseball Softball Medical Release



To Be Carried by the Team Manager with their Roster at all times

Player:	DOB	Gender: M/F	
Parent / Gaurdian:	Relationship to player		
Parent / Gaurdian:	Relationship to player		
Players Address:	CITY:	ZIP:	
Home Phone:	Work Phone:	Mobil Phone:	
EMAIL@	<i>In an Emergency, if family Physician cannot be reached, I authorize the treatment of my child by certified Emergency Personnel .(EMT,First Responder, ER Physician.)</i>		
Parent or Gaurdian Authorization to Treat: Signature			

Family Physician:	Phone:	
ADDRESS:	CITY:	ZIP:
Hospital Preference:		
Parents Insurance Co.	Policy Number:	Group #
League Insurance Co.	Policy Number:	Group#
Emergency Contact Name:	Phone Number:	Relationship
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Please List any allergy, medical problems including medical issues that require maintenance medication. (Examples: Diabetes, Ashma, Seizures, Heart Issues)

Medications:	Medical Diagnosis:	Dosage:	Frequency of Dosage:

Date of Last Tetanus Toxoid Booster: _____ *The purpose of the above information is to make sure medical personnel are informed of potential issues that could interfere with treatment.*

Mr/Mrs/Ms _____
(Parent or Guardian Authorizing Signature)

For League Use Only:		
Team:	Date of Incedent:	Program:
Name of REC Program:		

Warning: Even though we provide protective equipment, it is not a guarentee free from injury while participating in our Baseball / Softball programs. Holland Wales Baseball Sofitball does not limit inclusions to any of our programs based on a disability, race, color, creed, national origin, gender, sexual preference or religious belief.