



Little League • Baseball and Softball MEDICAL RELEASE Registration Form

League Age: _____



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player: _____ Date of Birth: _____ Gender (M/F): _____

Parent(s)/Guardian Name 1 : _____ Relationship: _____

Parent(s)/Guardian Name 2: _____ Relationship: _____

Player's Address: _____ City: _____ State/Country: _____ Zip: _____

Home Phone: _____ Parent/Guardian 1 Phone: _____ Parent/Guardian 2 Phone : _____

Email Parent/Guardian 1: _____ Email Parent/Guardian 2: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____ Policy No.: _____ Group ID#: _____

League Insurance Co: _____ Policy No.: _____ League/Group ID#: _____

If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name	Phone	Relationship to Player

Name	Phone	Relationship to Player

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Mr./Mrs./Ms. _____
Authorized Parent/Guardian Signature _____ Date: _____

FOR LEAGUE USE ONLY: League Name: Alta Loma Little League League ID: 0405-21-10

Birth Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waiver Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Proof of Residency <u>or</u>		Division:	_____
School Enrollment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Team:	_____