

Mt. Olive Junior Baseball/Softball Association

PLAYER MEDICAL RELEASE FORM

NOTE:

(YOUR CHILD WILL NOT BE ABLE TO PLAY UNLESS YOU COMPLETE THIS FORM.)

TO WHOM IT MAY CONCERN:

I HEREBY AUTHORIZE THE TREATMENT, BY A QUALIFIED AND LICENSED MEDICAL DOCTOR, OF THE FOLLOWING-NAMED MINOR IN THE EVENT OF A MEDICAL EMERGENCY. THIS AUTHORITY IS GRANTED ONLY AFTER A REASONABLE EFFORT TO REACH ME HAS BEEN MADE. THIS IS IN EFFECT FOR ONE YEAR FROM THE DATE BELOW.

NAME OF MINOR: _____

(PLEASE PRINT)

NAME OF PARENT / LEGAL GUARDIAN: _____

(Please also circle appropriate title)

HOME TELEPHONE: _____

ALTERNATE # (Mobile, Pager, Work etc.) _____

KNOWN MEDICAL CONCERNS/ALLERGIES: _____

FAMILY DOCTOR / TEL#: _____

EMERGENCY ROOM / HOSPITAL PREFERENCE: _____

PERSON TO CONTACT IN CASE PARENT CANNOT BE REACHED:

NAME: _____

TELEPHONE: _____

SIGNED: _____ **DATE:** _____

(SIGNATURE OF PARENT /LEGAL GUARDIAN)

THIS FORM WILL BE IN POSSESSION OF CHILD'S MANAGER IN CASE OF EMERGENCY.

(IF FIRST TIME REGISTERING: PROOF OF AGE REQUIRED BY BIRTH CERTIFICATE SHOWN AT REGISTRATION, OR PRESENTED TO MANAGER)