

DIVISION: _____
TEAM NAME _____

Colonie Little League Inc.
2009 Medical Information & Emergency Treatment Authorization

PLAYER'S NAME _____ **M** _____ **F** _____ **DOB** _____

ADDRESS _____ **PHONE** _____

Father's Name _____ **Occupation** _____

Work Phone _____ **Home Phone** _____ **Work Hours** _____

Mother's Name _____ **Occupation** _____

Work Phone _____ **Home Phone** _____ **Work Hours** _____

IN THE EVENT OF AN EMERGENCY, PERSON(S) TO BE CONTACTED IF PARENT CANNOT BE REACHED:

1.) Name _____ **Relationship** _____

Work Phone _____ **Home Phone** _____

2.) Name _____ **Relationship** _____

Work Phone _____ **Home Phone** _____

***If you have a preference for physician or hospital services, indicate below:**

Physician

Name _____ **Phone** _____

Hospital _____ **Location** _____ **Phone** _____

***Be advised: While every effort will be made to follow your wishes, it may be necessary to secure alternate facilities and services if a medical emergency arises.**

List any physical disabilities, medical diagnoses, or behavioral problems which may affect your child's participation and performance in League activities (e.g., allergies, hearing, sight, 'hyperactivity', diabetes, etc.)

***List any medications your child is taking, including dosage and times**

I/We, the parents/guardian of the above named player hereby give my/our approval to participate in any and all Little League activities, including transportation to and from approved Little League activities. I/We know that participation in baseball or softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Colonie Little League, Little League Baseball Incorporated, the organizers, sponsors, volunteers, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In the event of a medical emergency, I understand that every effort will be made to contact parents or guardians of player. In the event we cannot be reached; I, hereby, give permission for League personnel/officials to secure proper emergency medical or dental treatment for my child as named on this authorization.

PARENT/GUARDIAN

SIGNATURE _____ **DATE:** _____