



# BASEBALL

## CONSENT FOR TREATMENT

*Each Player must complete and have signed*

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

List of Any Allergies \_\_\_\_\_

Required Medication \_\_\_\_\_

Name of League Cedar Cliff Youth Baseball Assoc.

League Accident Insurance Company National Union Fire Insurance Company of Pittsburgh, PA

League Accident Insurance Policy No. SRG0009136134

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

Daytime Phone ( ) \_\_\_\_\_ *(Parent or Guardian)* Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Parents Health Ins. Co. \_\_\_\_\_

Policy # \_\_\_\_\_

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)

Signature box with a large blank area for the parent or guardian to sign.