

Barlow Junior Baseball
Medical Release/Player Information

Family Information

Player Name: _____

Legal Guardian 1: _____

Phone #: _____ Cell : _____

e-mail: _____

Legal Guardian 2: _____

Phone #: _____ Cell : _____

e-mail: _____

This contact information will be used to contact the player with practice times, rain-outs, etc.

Please list names and phone #'s of people who **ARE AUTHORIZED** to pick up player:

Medical Release/Emergency Contact Information:

Emergency Contact: _____ Phone #: _____ Cell: _____

Alternate Contact: _____ Phone #: _____ Cell: _____

Family Insurance Carrier: _____

Member Number: _____ Group Number: _____

Doctor's Name: _____ Doctor's Phone: _____

Does the Player have Asthma? Yes No

List Any Medications the Player is Taking: _____

List Any Other Health Considerations: _____

I, the undersigned, do hereby give my permission for the above mentioned child to participate in the BARLOW JUNIOR BASEBALL ASSOCIATION PROGRAM. I understand that should illness or accident arise, a representative of the baseball program has my permission to administer or seek medical attention for said child.

Signature

Printed Name

Date