Westlake Travel Baseball

MEDICAL CONSENT / RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above named CHILD/PLAYER be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff, to perform any diagnostic procedures, treatment procedures, and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above name individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named CHILD/PLAYER in the event of an accident, injury, sickness, etc.

Any representative of the Westlake travel baseball program is designated to act in my behalf until I have been contacted.

General Release

Participation in sports is hazardous and may result in injury or death.

I understand the above named CHILD/PLAYER assumes any and all risks that might be associated with the activities that he or she may be involved in and release all rights and claims for damages which the above named CHILD/PLAYER, heirs, executors, administrators assign, or as I may have against Westlake Baseball League or Westlake Travel Baseball its directors, coaches, officials or representatives for any and all injuries or damages of any kind as a result of their participation.

Date of birth ___/___/___ for the above named individual.

Date of last Tetanus Booster ___/___/___ for the above named individual.

Known allergies and reactions of the above named individual, including any allergies to medicine:
_____

_____

Any other special medical problems that should be noted about the above named individual.
_____

_____

Any medications that the above named individual will be bringing with them.
_____

_____

Family Physician_____ Phone Number _____

Names of Parents/Guardians: _____

Address: _____

City/State/Zip_____

Phone: H_____ W_____ Other_____

Person Responsible for charges (if different than above)_____

Address: _____

City/State/Zip_____

Phone: H_____ W_____ Other_____

Other Person to notify if parent/guardian is unavailable_____

Phone: H_____ W_____ Other_____

Insurance Company_____Policy or Group Number_____

Signature of Parent/Guardian_____

Date_____

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