



**NORTH JEFFERSON JUNIOR BASEBALL ASSOCIATION**

P.O. Box 740267 Arvada, Colorado 80006

Phone Number: 303-422-7406; Fax Number: 303-456-1566

<http://njjba.org>

**AUTHORIZATION TO OBTAIN MEDICAL ATTENTION**

Player's Name \_\_\_\_\_ Coach \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian's Name (1) \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Name (2) \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify:

\_\_\_\_\_

Known medical conditions including allergies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Family Physician and Phone Number: \_\_\_\_\_

Family Dentist and Phone Number: \_\_\_\_\_

I hereby grant permission to North Jefferson Junior Baseball Association, its Directors, Coaches, and volunteers to authorize and obtain medical and/or dental care or treatment from any licensed physician, hospital or medical clinic should my child (the above named player) become ill or injured while participating in Association or League activities away from home or at other times when neither parent nor legal guardian is available to authorize such treatment.

Signed (Parent or Legal Guardian):

\_\_\_\_\_

Relationship to above named player:

\_\_\_\_\_