

2015-16 SPENCERPORT RANGERS MEDICAL RELEASE FORM DATE: _____

Participant Name: _____

Age: ___ Date of birth: ___ / ___ / ___ School: _____ Grade ___ Male ___ Female ___

Address: _____ City: _____ Zip: _____

Parent Names (Full): _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-Mail: _____

Emergency Contact: _____ Phone number(s): _____

Baseball Team desired (please check one):

17u ___ 15u ___ 13 Prep ___ 12 and Under ___ 10 and Under ___

Health History: Please list any medical conditions that might affect your son/daughter participation in this program. Please include any medications currently taken by your child on a regular basis. If your child has a condition affecting their participation in the program, your physician must provide written authorization indicating approval of their participation.

Medical Condition(s) _____

Medication(s) _____

Insurance Carrier _____ Policy number _____

Physician _____ Physician Phone _____

Hospital Affiliation _____

Release Statement: My signature below confirms that I give permission for my child to participate in Spencerport Ranger games/tournaments and other activities. I hereby release Spencerport Ranger Baseball, the coaches, assistant coaches, parent board members, and Spencerport Central School District from any responsibility or liability in connection with Spencerport Ranger Baseball activities. This release shall be binding upon any legal representative of the undersigned now and in the future. Further, the undersigned agrees to indemnify and hold harmless the Spencerport Ranger Baseball program, the coaches, assistants, parent board members, and Spencerport Central School District for any judgment for damages against any of them in any action by the participant or legal representative as well as for their costs and expenses in defending such action, including reasonable attorney fees.

I give permission to a licensed physician or other hospital staff member to carry out emergency care deemed necessary to myself/child/ward when normal permission is unavailable. I certify that my child is in good physical health and has no limitations other than those I have listed above which may predispose him/her to risk during the program. I also fully realize that I must provide proper insurance coverage. Spencerport Ranger Baseball is not responsible for lost or theft of personal or team articles.

Parent or legal guardian Signature _____ Date: _____