

2013 WORTHINGTON YOUTH BOOSTERS 7th GRADE BASEBALL
PARTICIPATION FORM

Please indicate team:

Wolves: _____

Cards: _____

Player's Name: _____ School Attending: _____

Address: _____ City: _____ Zip Code: _____

Parent's name(s): _____ Home Phone: _____

e-mail address: _____ Cell Phone: _____

LIABILITY RELEASE

In consideration of permission granted for my/our child named above to participate in the above named Worthington Youth Booster sports activity, I/we the parent(s) or guardian(s) of the above named child, hereby give my/our consent to his/her participation in any and all of the activities of the Worthington Youth Booster program. I/we assume all risks and hazards incidental to the activities of said program and to transportation to and from these activities; and I/we do hereby release, acquit, and forever discharge and agree to indemnify and save harmless Worthington Youth Boosters, its coaches and supervisors, the City of Worthington, the Worthington Board of Education, Worthington Schools, the Worthington Parks and Recreation Department, and any other persons providing facilities or assisting in the conduct of said activities and in the transportation of participants to and from said activities, of and from any and all claims and demands of whatever name or nature arising out of injuries to or death of the above named child thereto and therefrom. I/we understand no accident, health, or life insurance covering the participants in this Worthington Youth Booster program will be procured and that my/our consent to the participation in this program is made with this understanding. I/we the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance.

Mother/Father/Legal Guardian signature

Date

EMERGENCY MEDICAL AUTHORIZATION

PART 1 OR 2 MUST BE COMPLETED

Part 1 (To Grant Consent)

In the event reasonable attempts to contact me at _____ or _____

at _____ have been unsuccessful, I hereby give my consent concerning the above named player

_____ at _____
Phone Other parent

for (1) the administration of any treatment deemed necessary by Dr. _____ at _____

_____ at _____
Preferred physician Phone

or Dr. _____ at _____ or in the event the designated preferred practitioner

_____ at _____
Preferred Dentist Phone

is not available, by another licensed physician or dentist and (2) transfer of said play to _____

_____ Preferred Hospital

or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical options of two other

licensed physicians or dentists, concurring in necessity for such surgery, are obtained before surgery is performed.

Mother/Father/Legal Guardian signature

Date

Known allergies _____

Current medications _____

Health concerns (diabetes, asthma, bee stings, etc.) _____

Physical impairments _____ Date of last tetanus booster _____

Part 2 (Refusal to Consent) DO NOT COMPLETE PART 2 IF YOU COMPLETED PART 1

I do not give my consent for emergency medical treatment of the above named player. In the event of illness or

injury requiring emergency treatment, I wish that NO ACTION BE TAKEN OR TO: _____

Mother/Father/Legal Guardian signature

Date