

BRIDGEWATER LITTLE LEAGUE BASEBALL MEDICAL RELEASE FOR SCHEDULED PLAY

Parent or Guardian's Authorization;

Date: _____

In case of an emergency, if family physician cannot be reached, I hereby

authorize _____
(players name) (date of birth)

to be treated by another qualified, licensed physician who is available.

Family Physician _____ Phone _____

Street City State

Allergies: _____

Date of last Tetanus Toxoid Booster _____

Comments: List additional medical concerns (including any medication to be carried to a game or practice) you feel the Team Manager or the league should be aware of.

 Signed: _____
Parent or Legal Guardian

____ Birth Certificate presented **APPLICATION TO PLAY LITTLE LEAGUE BASEBALL**
 ____ Birth Certificate needed

	Last Years Regular Season Team Name <small>(if new to league, write new)</small>	League ID No. 2270702
_____ Players Name	_____ Male Female Born / / <small>Mo Day Yr</small>	_____ Age before next April 30th
_____ Street Address	_____ City	_____ State () Phone No.
_____ E-Mail Address		

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Does your child have any current condition that limits his/her ability to participate in this activity? Yes No

If "yes", please explain and identify any modification that would enable your child to Participate: _____

 Provide information about allergies or medical conditions that the team should have in case of emergency:

I/We, the parents of the above named candidate for a position on a Little League team, hereby give my/our Approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release indemnity and agree to hold harmless the local Little League, Little League Baseball, Inc. the organizers, sponsors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to my/our child in as good a condition as when received except for normal wear and tear.

I/We will furnish a birth certificate of the above named candidate to League Officials.

Parent(s) or Guardian Signature(s): _____