



Pioneer Baseball/Softball League

Where new legends begin!
www.pbsl.org

Post Office Box 151311 • Alexandria, Virginia 22315 • 703-879-2886



Player Information/Emergency Data

The purpose of this form is to provide the Pioneer Coach with contact information for a player and their family and to gather medical information to facilitate care of the player in the event the player requires emergency care in the absence of a parent or guardian.

Player Last Name	First Name	Age	Weight	Birth Date
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Street Address	City, State, Zip
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Father/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____

e-mail: _____ **Cell Phone:** _____

Mother/Guardian Name: _____

Home Phone: _____ **Work Phone:** _____

e-mail: _____ **Cell Phone:** _____

Emergency Contact Name/Phone: _____

School Attending: _____

Allergies: _____

Current Medications: _____

Any prior serious injuries? _____

Family Physician: _____ **Phone:** _____

Primary health insurance carrier: _____

Group # or policy # and member number _____

In the event that my child requires urgent medical care and I can not be reached for my consent, I authorize any representative of Pioneer Baseball/Softball League to take my child to the closest available medical care facility and I further authorize the medical staff of the facility to provide medical treatment as a physician deems necessary for the well being of my child.

Parent/Guardian Signature: _____ **Date:** _____