

Raleigh Hills Little League
2011 Medical Release Form

Player's Name _____ Phone # _____

Physician's Name _____ Phone # _____

Health Insurance _____

Emergency Contact Name _____ Phone # _____

Please list any allergies/medical problems, including those requiring maintenance medication. (i.e., Diabetes, Asthma, Seizure Disorder):

Medical Diagnosis	Medication

In case of emergencies, I hereby authorize the above name player to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, ER Physician).

Parent/Guardian Signature _____

Date _____

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?**

No _____ Yes _____ If yes, please explain any modification that would enable your child to participate:

Liability Information:

I/We, the parents of the above named candidate for a position on the Little League team, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local Little League, Little League Baseball, Inc., the organizers, sponsors, 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 any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent or Guardian Signature _____

Date _____