

# ***BULLDOGS BASEBALL ALUMNI GAME***

## **CONSENT AND MEDICAL TREATMENT AUTHORIZATION**

In consideration of being allowed to participate in any way in Burbank High School's Bulldog Baseball Alumni Baseball game, as well as all related events and activities, I  
(print full name) \_\_\_\_\_

who was born on (month/day/year) \_\_\_\_\_

agree to assume all risks and hazards incidental to such participation including transportation to and from the fields. I do hereby waive, release, absolve, indemnify and agree to hold harmless Burbank Unified School District, Burbank High School, Burbank High Baseball Booster Club, its Board of Directors, and the team coaches, sponsors, supervisors, managers, volunteers, and participants for any claim out of injury (including death).

In the event of injury, I hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances. My treatment is completely covered by my own health insurance.

**Policy Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### **Additional Policy (Optional)**

**Policy Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

### **Emergency Contact Information:**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

I accept complete fiscal responsibility for any deductible amounts related to the insurance policy/policies and agree to pay the total of these deductible amounts. I have read the foregoing Release and Medical Treatment Release statement. I understand this authorization statement and sign it voluntarily.

**Name (Please Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_