



# CONSENT FOR TREATMENT



*Each Player must complete and have signed*

**Name of Player** \_\_\_\_\_ **Player's Age** \_\_\_\_\_

**Home Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_

**Family Physician** \_\_\_\_\_ **Phone** \_\_\_\_\_

**List of Any Allergies** \_\_\_\_\_

**Required Medication** \_\_\_\_\_

**Name of League** \_\_\_\_\_

**League Accident Insurance Company** \_\_\_\_\_

**League Accident Insurance Policy No.** \_\_\_\_\_

I (we) the undersigned parent(s) or guardian(s) of the above named child for a position on a Puyallup Cal Ripken Baseball league team, hereby consent to his/her participation in any and all Puyallup Cal Ripken Baseball League activities.

I (we) hereby consent to any emergency first aid deemed necessary, to be administered to said minor and I (we) further consent to emergency medical treatment deemed necessary by a licensed medical provider and hospital for said minor.

I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the Puyallup Cal Ripken Baseball League, the organizers, sponsors, supervisors (i.e. managers, coaches, directors, umpires, officers, etc.), participants and persons including any physician and hospital personnel, and hospital from any and all liability, except to the extent and in the amount covered by accident or liability insurance, arising out of any activity, transportation, medical treatment, or other damage arising from or incidental to said minor's participation. In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

*(Parent or Guardian)*

Daytime Phone ( ) \_\_\_\_\_ Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_ Parents Health Ins. Co.: \_\_\_\_\_

Policy # \_\_\_\_\_

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)