



## West Central Sports Complex Youth Sports League Medical Release

NOTE: To be maintained by the Program Coordinator along with the team roster and registration forms.

Player: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

League Name: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R.Physician) Family Physician:

\_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Hospital Preference:

\_\_\_\_\_

In case of emergency contact:

\_\_\_\_\_

Name Phone Relationship to Player

\_\_\_\_\_

Name Phone Relationship to Player

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

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Medical Diagnosis Medication Dosage Frequency of Dosage

\_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

West Central Sports Complex does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.