

Minnetonka Big Willow Baseball Association

MEDICAL HISTORY, INFORMED CONSENT & RELEASE FORM

I hereby give permission for _____
(player's name – separate form for each player)

to participate in the **Minnetonka Big Willow Baseball** Program during this athletic season. Further, I authorize the coaching staff to provide emergency medical treatment of an injury to or illness of my child if qualified medical personnel consider treatment necessary. I further authorize any qualified, licensed physician to render medical treatment, which in his/her judgment may be deemed necessary in the care of _____.

This authorization is only granted if I cannot be reached and a reasonable effort has been made to do so.

Date: _____

Parent or Guardian: _____

Address: _____

Phone: _____

Family Physician: _____

Phone: _____

Child's Physician: _____

Phone: _____

Medicines child currently taking: _____

Pre-existing medical conditions (allergies, chronic illnesses, etc.):

Date of last tetanus shot: _____

THIS IS A TWO-PAGE DOCUMENT. PLEASE COMPLETE BOTH PAGES.

Minnetonka Big Willow Baseball Association

MEDICAL HISTORY, INFORMED CONSENT & RELEASE FORM

THIS IS A TWO-PAGE DOCUMENT. PLEASE COMPLETE BOTH PAGES.

Other things an attending physician should know about _____ :
(player's name)

INSURANCE INFORMATION:

Insurance company: _____

Identification or policy number: _____

Subscriber's name: _____

Place of subscriber's employment: _____

Phone: () _____

My child and I are aware that participating in baseball is a potentially hazardous activity. I understand that my child is not covered by any insurance plan through the baseball association and do hereby waive, release, absolve, indemnify and agree to hold harmless the association and any of its administrators, board members, coaches, or other participants in the event of an injury or illness to my child that occurs during travels to or from, or during the conduct of any and all practices, games and special events. I assume all risks, including but not limited to, falls, contact with other participants, being hit with the ball, the effect of weather, traffic and other risks conditions associated with sport. All such risks are known and understood by me.

Child's signature: _____

Date: _____

Parent's signature: _____

Date: _____