

2017

Ravenna Hot Stove Baseball League Player Registration Form

Special Request ()

Missing Birth ()

Certificate ()

Misc. ()

For Our Use Only

Sign up Date _____

Class _____

Fees _____

Paid _____

For Our Use Only

-Please Print-

Last Name: _____ First Name: _____ Gender: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Birth Date: _____ Age (on May 31, 2017) _____ Present Grade: _____

Name of School Attended: _____ City: _____

Did You Play Ravenna Hot Stove Last Year? (Circle) **YES NO** If yes, please print name of team or Coach: _____

E-mail Address: _____

Parent/Legal Guardian Information

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

In the event of an emergency and the above cannot be reached, please contact the following person(s) listed below.

Name: _____ Phone: _____ Phone: _____

Name: _____ Phone: _____ Phone: _____

To Grant Consent for Emergency Treatment In the event of an emergency and reasonable attempts to contact me have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by a licensed physician or dentist and transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for surgery, are obtained prior to the performance of such surgery. Listed below (and on the reverse side of this form if necessary) is my child's medical history, including allergies, medications being taken and any physical impairments to which a physician should be alerted.

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Refusal to Grant Consent for Emergency Treatment I DO NOT give my consent for emergency treatment of my child. (Attach Instructions for Action of Authorities)

Signature of Parent/Guardian: _____ Date _____