

Do you have a family physician that we should attempt to contact in an emergency? YES NO

Name: _____ Phone: _____

Does your child have any health problems the League should be aware of? NO YES

Please circle and/or explain below:

Asthma Diabetes Epilepsy/Seizures Other: _____

Allergies:

Bee Sting Latex Other: _____

Emergency persons and numbers to contact:

Contact: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Contact: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

Contact: _____ Relationship: _____

Home: _____ Cell: _____ Work: _____

I understand that if my child becomes ill or is injured during any practice / game and requires medical attention, and a parent/guardian cannot be reached, River Valley Baseball for Youth or its agents will obtain whatever medical treatment is necessary for the well-being of the child. I understand that if I have any objection to my child receiving any medical treatment other than first aide, I must file such objection in writing with River Valley Baseball for Youth prior to my child's first practice.

In the event reasonable attempts to contact me / us at the numbers listed above, or other person(s) named herein fail, my signature below gives full authorization for (1) the administration of any treatment deemed to be necessary by a medical practitioner; (2) the transfer of child or ward to any medical practitioner; (3) the transfer of child or ward to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required and given to provide Authority and Power on the part of River Valley Baseball for Youth and its agents to give reasonable care. If my doctor, listed above, cannot be reached, any medical doctor may be called.

INDEMNITY AND WAIVER

I (We), the undersigned parent and/or legal guardian, for _____, do hereby agree to
Player name (please print)

indemnify and hold harmless the River Valley Baseball for Youth organization, its Board members, coaches or volunteers, for any claims of liability and damages to parent or child for any illness or injuries sustained by any participant while enrolled in the River Valley Baseball for Youth program.

Printed name of Parent or Legal Guardian: _____ Date: _____

Signature of Parent or Legal Guardian: _____ Date: _____

By signing this form, the individual certifies that all above is true & correct.