



Year: 2018

CANTON CHALLENGER BASEBALL
MEDICAL INFORMATION AND RELEASE

Parent/Guardian's Name _____

Player's Name _____

Address _____

Phone Number _____ Secondary Number _____

If in an emergency I/We cannot be reached, please contact:

Name _____ Phone _____ Relationship _____

Nature of Player's Disability _____

Allergies _____

Medication(s) 1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

7. _____ 8. _____

9. _____ 10. _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Preferred Hospital _____

Any Additional Information In Regard To Your Child That We Should Be Aware Of: _____

By signing below, I acknowledge that participation in baseball may result in injury to my child due to the fact that protective equipment doesn't prevent all injuries to players and in the case of emergency, if the family physician/dentist cannot be reached, I hereby authorize my child to be treated by another physician who is available.

Parent/Guardian Signature _____ Date _____