



MIDWEST BIG LEAGUE

MEDICAL RELEASE FORM

Player Name: _____ Date of Birth (MM/DD/YY) _____ Age as of 12/31/23 _____

Parent or Guardian Name(s) _____ Relationship _____

Parent or Guardian Name(s) _____ Relationship _____

Player Home Residence (Address) _____

Player Home Phone _____ Player Cell Phone _____ E-Mail _____

PLAYER'S PARENT OR LEGAL GUARDIAN AUTHORIZATION (if under age 19)

In case of an emergency, if family physician can't be contacted, I hereby duly authorize my child (listed above) to be treated by Certified Medical Emergency Personnel.

Family Physician _____ Physician Phone Contact _____

Physician Office address _____ City _____ State _____ ZIP _____

Hospital of Choice _____ Location (Address) _____

Parent or Guardian Insurance (Medical) Provider _____ Policy No. _____ Group No. _____

If Parent or Guardian can't be reached in case of a medical emergency, contact the following:

Name _____ Phone _____ Relationship _____

Please list all allergies or medical problems requiring maintenance or medication

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE	FREQUENCY OF MEDICATION

Date of last Tetanus Shot or Booster _____

Authorized Parent or Guardian Signature _____ Date _____

WARNING: Protective Equipment cannot prevent all injuries a player might incur by participating on a baseball team.

This form must be completed in full as a part of the registration process to participate in the MIDWEST BIG LEAGUE program.

FOR LEAGUE USE ONLY Date Received from Registration process _____ Received by _____

Assigned Team Name _____ Date of Team Assignment (s) _____