

# Leelanau County Youth League

## Baseball, Softball & T-Ball

PLAYERS NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ GENDER (M/F): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MOBILE PHONE#: \_\_\_\_\_

PARENT / GUARDIAN NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MOBILE PHONE#: \_\_\_\_\_

### **MEDICAL TREATMENT CONSENT**

I, \_\_\_\_\_ the parent or guardian of \_\_\_\_\_ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that personnel may be unable to contact me for my consent for emergency medical care: I hereby consent in advance to such emergency care (including hospital care, EMT, First Responder and E.R. Physician) as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

**Date:** \_\_\_\_\_ **Parent/Guardian Signature:** \_\_\_\_\_

By typing your name on the signature lines below, and submitting this baseball application form, you are signing this baseball application form electronically. You agree that your electronic signature is the legal equivalent of your handwritten signature.

### **EMERGENCY INFORMATION**

PARTICIPANTS EMERGENCY CONTACTS:

NAME & PHONE#: \_\_\_\_\_

NAME & PHONE#: \_\_\_\_\_

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please detail any special medical information: \_\_\_\_\_

\_\_\_\_\_