

# 2015 GROVE SPORTS INC. MEDICAL RELEASE

## Medical Release

(Note: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit at all practices/games.)

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
League Name: Grove

### Parent or Guardian Authorization:

In case of an emergency, if I, or the family physician, cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, ER Physician).

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

In case of emergency, contact:

Name	Phone (Work)	Relationship to Player
------	--------------	------------------------

Phone (Home)	Phone (Cell)
--------------	--------------

Name	Phone (Work)	Relationship to Player
------	--------------	------------------------

Phone (Home)	Phone (Cell)
--------------	--------------

Please list any allergies/medical problems that you feel could affect your child(s) ability to play :  
(i.e. diabetic, asthma, seizure disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage
-------------------	------------	--------	---------------------


Allergies: \_\_\_\_\_

(The purpose of the above listed information is to ensure that medical personnel have details of any medical concern which may interfere with or alter treatment.)

Mr./Mrs. \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.

Grove Sports Inc. does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender or religious preference.