MEDICAL RELEASE FORM

Rockwall Baseball Association
P.O. Box 296 Rockwall, Texas 75087
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TO WHOM IT MAY CONCERN:

This is to certify that I, as the parent or guardian of _____ *(child's name)*, a player on the _____ *(team name)*, hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care and emergency dental care, at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and I do hereby waive, release, absolve, indemnify, and agree to hold harmless The ROCKWALL BASEBALL ASSOCIATION, its organizers, supervisors, sponsors, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

Parent / Guardian signed _____ Date _____

PLAYER EMERGENCY INFORMATION

Last Name _____ First Name _____ Middle Name _____

Current Street Address (No P.O. Box) _____ Apt No. _____

City _____ Zip _____

Known allergies _____

Any medical condition(s) that should be noted _____

_____

Family Physician _____ Physician's Phone_____

Parent / Guardian Information

1- Last Name _____ First Name _____ Middle Name _____

Current Street Address (No P.O. Box) _____ Apt No. _____

City _____ State _____ Zip _____ Relation _____

Home Phone _____ Business Phone _____ Mobile Phone _____

2- Last Name _____ First Name _____ Middle Name _____

Current Street Address (No P.O. Box) _____ Apt No. _____

City _____ State _____ Zip _____ Relation _____

Home Phone _____ Business Phone _____ Mobile Phone _____

Person to contact if Parent / Guardian cannot be contacted

Last Name _____ First Name _____ Middle Name _____

Current Street Address (No P.O. Box) _____ Apt No. _____

City _____ State _____ Zip _____ Relation _____

Home Phone _____ Business Phone _____ Mobile Phone _____

Name of Insurance Carrier _____ Policy / Group Number _____

Name of Insured _____ Insurance Phone number _____