

Ashland Youth Baseball Medical Release/Waiver Form

Player Name		Date of Birth	Age
Address			
Family Physician			Physician Phone
List of Any Allergies/Medical Conditions			
Required Medications			
Medical Insurance Company		Group/Policy No.	
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
Parent/Guardian Name	Home Phone	Work Phone	Cell Phone
Emergency Contact Name	Home Phone	Work Phone	Cell Phone

My son/daughter has my permission to participate in Ashland Youth Baseball. I understand the following applies to his/her participation:

I know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Ashland Youth Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my child to and from activities from any claim arising out of any injury to my child whether the result of negligence or for any other cause.

Please choose one:

- In case of accident or illness, I hereby authorize a representative of Ashland Youth Baseball or other adult escort to use his/her judgment in obtaining immediate medical care.
- In case of accident or illness, I **do not** authorize a representative of Ashland Youth Baseball or other adult escort to use his/her judgment in obtaining immediate medical care.

AGREED AND ACCEPTED:

Parent or Guardian:

Signature

Date

Print Name