

# East Bay Legends Travel Baseball

## Parental Permission and Emergency Health Authorization Form

Player Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

I/We, the parent/guardian of the above-named child, give my/our permission for his/her participation in any and all East Bay Legends Travel Baseball (EBLTB) activities. I/We agree to direct my/our child to cooperate and conform with directions and instructions of EBLTB personnel responsible for EBLTB activities.

I/We agree that in any event my/our child is injured because of his/her participation in EBLTB activities, whether caused by the negligence of the EBLTB program, or any of its agents or representatives, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be had against any accident, hospital, or medical insurance, or any available benefit of mine/ours.

In the event we cannot be reached in an emergency, I/We hereby give permission for the Adult Manager to authorize by his/her signature whatever medical treatment may be considered necessary by the attending physician for my/our child.

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

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

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Medical Plan and #: \_\_\_\_\_

If you do not want medical care given to your child, state reasons: \_\_\_\_\_

\_\_\_\_\_

Form must be completed by Parent / Guardian

East Bay Legend Travel Baseball Health and Risk Disclosure Information

Has been or is subject to (check if yes):

\_\_\_ Asthma \_\_\_ Heart Trouble \_\_\_ Convulsions \_\_\_ Diabetes \_\_\_ Fainting Spells \_\_\_ Allergy to Medication

\_\_\_ Sports Restrictions (Describe): \_\_\_\_\_

\_\_\_ Other (Describe): \_\_\_\_\_

Has difficulty with (check if yes): \_\_\_ Eyes, Ears, Nose, Throat \_\_\_ Digestion \_\_\_ Lungs

Condition requiring medication: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Explain any restriction of activity for medical reasons:

\_\_\_\_\_

Please note: It is strongly recommended that each child have a physical examination prior to sports participation.

**Risk of Injury**

By signature of this document you acknowledge that persons competing in athletic programs risk minor, serious, and permanent injury to themselves and/or to others. Such injury can include, but is not limited to injuries to the head, tissues, muscles, bones, joints, eyes, ears, face, feet, and hands. Injuries can be caused by, but not limited to collisions with opponents and teammates, by falling, running, or merely as a result of activity. Protective equipment employed in sports is NOT a safeguard against injury.

Please read and sign below that you acknowledge that YOU have read and understand this information, and that you have explained this to your child. The child must also sign below that he/she has read or had this information explained to him/her.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_