



Charlevoix Little League Player Registration/ Medical Release Form

Player Name

last, first

Birthdate

Address

Gender (M/F)

Address 2

City/State/Zip

Circle one: Baseball/Softball

Parent 1 Information

Parent 2 Information

Name

Name

Phone

Phone

Email

Email

Emergency Contact Information (if parents are unable to be reached)

Name and Relationship

Phone Number

Name and Relationship

Phone Number

Please list any allergies/medical problems that we should be aware of (i.e. Diabetes, Asthma, Seizure Disorder).

Medical Diagnosis/Allergies

PARENT OR GUARDIAN AUTHORIZATION:

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

*I am aware that participation in baseball or softball 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 the local Little League, Little League Baseball Incorporated, 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.

Parent Signature

Date

Comments/Requests: _____

For League Use Only:	
Concussion Form on File	<input type="text"/>
Paid	<input type="text"/>