



Little League® Baseball and Softball

MEDICAL RELEASE



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or International Tournament affidavit.

Player's Name: _____ Date of Birth: _____ Gender: _____

Guardian 1 First Name: _____ Last: _____ Relationship: _____

Guardian 2 First Name: _____ Last: _____ Relationship: _____

Player's Address: _____ City: _____ State: _____ Zip: _____

Guardian Home Ph #: _____ Guardian 1 Work Ph #: _____ Guardian 1 Cell Ph #: _____

Email: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Physician First Name: _____ Last: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Parent's Insurance Co: _____ Policy #: _____ Group ID #: _____

League Insurance Co: _____ Policy #: _____ Group ID #: _____

If parent/guardian cannot be reached in case of emergency, contact

First Name: _____ Last: _____ Ph #: _____ Relationship: _____

First Name: _____ Last: _____ Ph #: _____ Relationship: _____

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

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

_____/s/

Authorized Parent/Guardian

Signature Date:

FOR LEAGUE USE ONLY:

League Name: _____ League ID: _____

Division: _____ Team: _____ Date: _____

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL.

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.



Park View Little League

2019 Fall Ball Agreement

Parent's/Legal Guardian's Name (Printed): _____

Player's Name (Printed): _____

Parent/Legal Guardian Agreement/Policies with Park View Little League:

1. I, the Parent/Legal Guardian of the above named, hereby give my child approval to participate in any and all Park View Little League activities, including (if applicable) transportation to and from the activities.
2. I know 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 Park View Little League, Little League Incorporated, the organizers, sponsors, participants, and persons transporting my child to and from activities harmless from any claim arising out of any injury to my child whether the result of negligence or for any other cause.
3. If applicable, I agree to return upon request the uniform and other equipment issued to my child by the league in as good conditions as when received except for normal wear and tear.
4. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
5. I will respect the Umpires, Managers, and Coaches and their authority. I will not confront them at the game.
6. I will not engage in unsportsmanlike conduct such as booing, taunting, cursing, making threats, or physical assaults.
7. I will refrain from coaching my child or other players during games and practices, unless I am part of the official Coaching Staff.
8. I understand that Park View Little League has a ZERO TOLERANCE POLICY towards violence. Any form of violence will result in immediate expulsion from the League.
9. I understand that Park View Little League has the right to suspend or ban any parent, guardian, or attendee for violating any of the above policies. All incidences will be reviewed by the Park View Committee and decisions will be determined solely by said Committee.

I have **read** and **understand** the above policies and agree to abide by these provisions.

Parent/Legal Guardian's Signature: _____ **Date:** _____

Player Agreement/Policies with Park View Little League:

1. I, a player selected for a Park View Little League team, will play by the rules and resolve conflicts without resorting to hostility or violence.
2. I will respect the Umpires, Managers, and Coaches and their authority. I will not confront them at the game.
3. I will not engage in unsportsmanlike conduct such as booing, taunting, cursing, making threats, or physical assaults.
4. I understand that Park View Little League has a ZERO TOLERANCE POLICY towards violence. Any form of violence will result in immediate expulsion from the League.
5. I understand that Park View Little League has the right to suspend or ban any player for violating any of the above policies. All incidences will be reviewed by the Park View Committee and decisions will be determined solely by said Committee.

I have **read** and **understand** the above policies and agree to abide by these provisions.

Player's Signature: _____ **Date:** _____