ENDERLIN YOUTH BASEBALL

CONSENT FOR MEDICAL TREATMENT, WAIVER, AND RELEASE OF LIABILITY

I, as a parent or guardian of , hereby consent that a representative of the above baseball program may use his/her judgement in obtaining immediate medical care of my child in my absence.

In addition, I agree to assume the risk of possible injury to my child as a result of participation in said program and hereby waive and release the above baseball program from any liability.

HEALTH INSURANCE INFORMATION

Child’s (children’s) Name and Date of Birth

Person to Contact in Case of Emergency

 Contact #1 Phone #

 Contact #2 Phone #

Health Insurance Provider

 Policy #

Policy Holder’s Name

Allergies

Other Medical Conditions to be Noted

I DO HEREBY VERIFY THE ABOVE INFORMATION IS TRUE AND ACCURATE

Parent or Guaridian’s Signature Parent or Guardian’s Signature Date