



Little League[®] Baseball and Softball Medical Release



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

Player: _____ Date of Birth: ____ / ____ / ____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

Parent(s)/Legal Guardian Name: _____ Relationship: _____

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

Mobile Phone: _____ Work Phone: _____ Email: _____

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, ER. Physician)

Family Physician: _____ Phone: _____

Address: _____

Hospital Preference: _____

In case of emergency contact:

Name: _____ Phone: _____ Relationship to Player: _____

Name: _____ Phone: _____ Relationship to Player: _____

Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

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.

Date of last Tetanus Toxoid Booster: ____ / ____ / ____

Mr./Mrs./Ms. _____

Authorized Parent/Guardian Signature

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.

Media Release Form for League Web Site:

I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child, _____.
It is my understanding that this photograph/interview or portions thereof will be used for public view.

I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.

Signature of parent or guardian: _____

Date: _____