



Please supply important information your manager may need in case of injury or illness to your child. With your consent, this information may accompany your child to the Emergency Room if needed.

Player's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Legal Guardian(s): \_\_\_\_\_ Relation: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

For each of the following questions, please write in your answer or "None":

Present medical issues: \_\_\_\_\_  
Any physical limitations: \_\_\_\_\_  
Dangerous allergies (bee stings, medicines, etc.): \_\_\_\_\_  
Current daily medications: \_\_\_\_\_  
Eyes (glasses, contacts, etc.) \_\_\_\_\_  
Ears (hearing loss, ruptured eardrum, etc.): \_\_\_\_\_  
Recurring injuries (ankles, knees, etc.) \_\_\_\_\_  
Year of most recent Tetanus immunization: \_\_\_\_\_

Please indicate if your child has any of the following diseases and current medications needed:

Asthma/Respiratory: \_\_\_\_\_  
Diabetes/Hypoglycemia: \_\_\_\_\_  
Epilepsy/Convulsions: \_\_\_\_\_  
Heart Problems: \_\_\_\_\_  
Hemophilia/Free bleeding \_\_\_\_\_  
Any other important medical information not stated above:  
\_\_\_\_\_

Personal permission for Emergency Medical Treatment:

As the legal guardian of the above-named player, I do hereby grant permission for my minor child to be treated for any emergency condition that occurs in my absence as deemed appropriate by the adult manager and coaches of the team. I realize that reasonable efforts will be made to contact me as soon as possible. This permission includes first-aid provided by the Manager and/or their assistants. The information as stated on this form may be provided to a Hospital or Emergency Medical Care Physician. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Roseville PONY Baseball Organization, Pony Baseball, Inc., the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player, so named on this form.

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

Please Print your Name: \_\_\_\_\_ Relation: \_\_\_\_\_

**Note: This form must be completely filled out and turned in to the Team Parent/Team Manager before the player (as named on form) can begin to practice or play PONY Baseball.**