

# Little League



## Little League Baseball®

### Medical Release

Canyon Hills Little League

I.D. Number: **04-05-23-09**

NOTE: This form is to be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

**Division (Circle one): T-BALL / A / AA / AAA / MAJORS / JUNIORS / SENIORS / BIG LEAGUE / CHALLENGER**

\*\*Actual Division for players ages 8 and above is determined through League try-out and draft process.

Player: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ League Age: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (Home / Work / Cell) 2<sup>nd</sup> Phone (Home / Work / Cell) E-mail Address

Mother/Guardian (Print Name)

Father/Guardian (Print Name)

### Parent or Guardian Authorization:

I/We, the parents of the above named player, hereby give my/our approval to participate in any and all Little League activities, including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent 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-our child to and from activities for any claim arising out of any injury to my/our child or ward whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

In case of emergency, injury, or illness, if family physician cannot be reached, I hereby give my consent for my child to be treated by a qualified physician or Certified Emergency Personnel (i.e. EMT, First Responder, E.R. Physician) and to allow such physician or medical personnel to render such medical treatment as the medical personnel deems necessary under the circumstances including, but not limited to, first aid treatment, anesthesia, and suture of wounds, x-rays and/or hospitalization. I hereby waive, release, indemnify and agree to hold harmless the local Little League Baseball Organization and its officers and Little League Baseball Incorporated for any claim arising out of any injury to my child or ward whether the result of negligence or for any other cause, except to the extent of any amount covered by accident, medical or liability insurance policy carried by the local Little League Baseball Organization.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Participation in Little League baseball requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires the capacity to understand the rules of the game. Please indicate if your child has any current physical limitations (Diabetic, Asthma, Seizure Disorder, Allergies, Hearing, Sight, etc.) or other conditions that limits his/her ability to participate in this activity. To ensure that medical personnel have details of any medical problem which may interfere with or alter treatment, please include medical diagnosis, medication type, dosage, and frequency of dosage if applicable:

In case of emergency contact (if different from above):

Name Phone Relationship to Player

Name Phone Relationship to Player

Mr./Mrs./Ms. \_\_\_\_\_

Authorized Parent/Guardian Signature

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.

#### For League Use:

Check #	Registration \$	Snack bar \$	Fundraiser \$	Discounts \$	Total \$