

SOUTHWEST OHIO LEAGUE MEDICAL RELEASE FORM

MEDICAL AUTHORIZATION

 PLAYER'S NAME Home() _____ Work() _____
 PARENT'S TELEPHONE NUMBERS

Street Address _____ City _____ State _____ Zip _____

In the event of illness or injury, permission is hereby granted to the coaching staff of the _____ or their designated representative(s) to administer or secure medical assistance and/or any other action as may be deemed prudent, including, without limitation, referral to licensed medical personnel or transfer to the appropriate hospital or medical facility.

PARENT OR GUARDIAN SIGNATURE _____

MEDICAL CERTIFICATION:

I hereby certify that _____ is physically able to participate for the _____ baseball team for the _____ season. Below is a listing of allergies to medication (if none, please indicate):

DATE _____ PHYSICIAN'S NAME _____
 Physician's Address _____
 Physician's Phone: () _____

MEDICAL INSURANCE INFORMATION:

Hospital Plan _____ Contract No. _____
 Company _____
 City _____ State _____ Zip _____
 Other Pertinent Plan Information: _____

PARENTAL RELEASE

_____ has our permission to participate in all activities, including post-season tournaments not specifically scheduled. We acknowledge that these activities may require travel in various modes of transportation with accommodations and meals in various establishments. We acknowledge that our son participates in all activities at his own risk. In consideration of you permitting him to participate, we hereby release the coaching staff, any sponsors, the Southwest Ohio League and any national Association with which the Southwest Ohio League may affiliate, and the employees, agents, heirs, affiliates, officers, successors, and assigns of each from any responsibility that you or they might have regarding the health and physical condition of our son during his participation. On behalf of ourselves, our sort, our heirs, executors and assigns, we further release and forever discharge all the above individuals and entities from any and every claimant, demand, right or cause of action either in law or in equity arising from our son's participation in all activities.

The undersigned agree to indemnify, and hold harmless all the above individuals and entities from any claim made in derogation of this release.

Date _____ _____
 Parent or Guardian Signature

Date _____ _____
 Parent or Guardian Signature