

# WESTON YOUTH LEAGUE

## MEDICAL RELEASE FORM

Player \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (M/F) \_\_\_\_\_  
Parent(s)/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Player's Address \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_ Email \_\_\_\_\_

### Parent or Legal 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, E.R. Physician) \_\_\_\_\_ Initial Here  
Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Hospital Preference \_\_\_\_\_  
Existing Medical Coverage \_\_\_\_\_  
Policy Number \_\_\_\_\_

### If parent(s)/legal guardian cannot be reached in case of emergency, contact:

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Relationship to Player \_\_\_\_\_

### Please list known allergies and current medications:

---

---

---

---

---

*I recognize that participation in baseball/softball is inherently dangerous and by allowing my child to play I agree to require my child to wear appropriate safety equipment and I assume full responsibility for any claims, damages, injuries and losses sustained by my child or others as a result of my use of the ball fields, and agree not to sue the Village of Weston, its officers, elected officials, employees, and representatives for any such claim, damage, injury and losses resulting from my child's participation in the baseball/softball leagues played in the Village of Weston.*

**Parent/Guardian Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_