

## Medical Release

Players name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Numbers

Home: \_\_\_\_\_ Friend/Relative: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Players Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_

Current medications: \_\_\_\_\_

Allergic to: (e.g. bee sting, penicillin) \_\_\_\_\_

Miscellaneous: \_\_\_\_\_

\_\_\_\_\_

I hereby authorize the staff of the Sonoma County Rebels Baseball Club to act for me accordingly to their judgment in any emergency requiring medical attention. I have no knowledge of physical impairment that would be affected by the above players' participation in any athletic competition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_