



# WOODINVILLE BASEBALL CLUB

## PLAYER INFORMATION FORM

### CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN

Hospitals may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents or guardians are not readily available to consent. Please, complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency, this form should be brought with the child to the hospital.

\_\_\_\_\_, the natural parent / legal guardian of

\_\_\_\_\_, authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable to take the time to contact me in advance. Under the circumstances set forth above. This authority is only granted after reasonable effort has been made to reach me.

The undersigned hereby acknowledges the risks of injury associated with the activity in which the player is engaging and agrees to release, indemnify, defend and hold harmless Woodinville Baseball Club, it's representatives, officers, and the other participants from and against any and all claims, actions, suits, whether groundless or otherwise, made, instituted, or asserted by any person whomever and from and against any and all losses, damages, costs, charges, fees, payments, expenses and liabilities whatsoever which the child or his/her parent or legal guardian shall or may sustain or incur by reason of or growing out of or in any manner relating to participation in Woodinville Baseball Club activities.

DATE: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent / Guardian*

### INFORMATION ON THE PLAYER

PLAYER'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ALLERGIES AND DRUG REACTIONS \_\_\_\_\_

REGULAR MEDICATIONS \_\_\_\_\_

CHRONIC ILLNESSES \_\_\_\_\_

DATE OF LAST TETANUS IMMUNIZATION \_\_\_\_\_

PLAYER'S PHYSICIAN \_\_\_\_\_ PHONE# \_\_\_\_\_

PARENTS' OR GUARDIAN'S ADDRESS \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_

HOME PHONE# \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

WORK PHONE# \_\_\_\_\_ WORK PHONE# \_\_\_\_\_

ALTERNATE Emergency Contact Name \_\_\_\_\_ PHONE# \_\_\_\_\_

HEALTH INSURANCE PROVIDER \_\_\_\_\_ GROUP# \_\_\_\_\_

MEMBERSHIP# \_\_\_\_\_

EMPLOYER \_\_\_\_\_

OTHER INFORMATION \_\_\_\_\_

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