	ittle League [.] Baseball a 1 E D I C A L R E		LER O
	IOTE : To be carried by any Regular Seaso ger together with team roster or International Seaso and Seas	n or Tournament	
Player:	Date of Birth:	Gender (M/F):	
arent (s)/Guardian Name:	R	elationship:	
arent (s)/Guardian Name:	Relationship:		
layer's Address:	City:	State/Country:	Zip:
lome Phone:	Work Phone:	Mobile Phone:	
ARENT OR LEGAL GUARDIAN	AUTHORIZATION:	Email:	
n case of emergency, if family pl mergency Personnel. (i.e. EMT,	nysician cannot be reached, I hereby auth First Responder, E.R. Physician)	orize my child to be treated by Certi	fied
amily Physician:	Pł	one:	
Address:	City:	State/Country:	
lospital Preference:			
Parent Insurance Co:	Policy No.:	Group ID#:	
eague Insurance Co:	Policy No.:	League/Group ID#:	
f parent(s)/legal guardian canno	ot be reached in case of emergency, cont	act:	
Name	Phone	Relationship to Playe	r
Name	Phone Phone	Relationship to Playe Relationship to Playe	
Name		Relationship to Playe	r
Name	Phone	Relationship to Playe	r zure Disor
Name Please list any allergies/medical pr	Phone oblems, including those requiring maintenance	Relationship to Playe re medication. (i.e. Diabetic, Asthma, Sei	r zure Disor
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Name Please list any allergies/medical pr Medical Diagnosis Please of last Tetanus Toxoid Boost	Phone Phone Medication Phone P	Relationship to Playe e medication. (i.e. Diabetic, Asthma, Sei Dosage Frequency of	r zure Disor f Dosage
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Name Please list any allergies/medical pr Medical Diagnosis Date of last Tetanus Toxoid Boost The purpose of the above listed informatio Mr./Mrs./MsAuthorized Par FOR LEAGUE USE ONLY:	Phone Oblems, including those requiring maintenance Medication	Relationship to Playe e medication. (i.e. Diabetic, Asthma, Sei Dosage Frequency of	r zure Disor f Dosage r alter treatr e:

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBALL. Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.