

Salt City Little League

Medical Release for 2012

This form must be filled out once per player per year
This form is to be carried by any Regular Season, Tournament or Fall Ball Manager

Player Name: _____ Date of Birth _____

Address: _____

Family Physician: _____ Phone #: _____

Hospital / Emergency Medical Preference: _____

Please list any physical or medical condition below which may affect the player's ability to perform during practices or games:

Please list any medications that the player is presently taking which might affect his/her performance during practices or games:

<u>Medication</u>	<u>Reason</u>	<u>Dosage</u>	<u>Frequency</u>
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Last Tetanus Toxoid Booster Shot (if known): _____

Authorization: In case of emergency, I authorize this player to be treated by Certified Emergency Personnel if I, Emergency Contact, or Family Physician cannot be contacted.

Signature of Parent or Guardian: _____

Salt City 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.