League Name: Rosamond Little League

I.D. Number: 04055116



## Little League<sub>®</sub> Baseball and Softball Medical Release



NOTE: To be carried by any Regular Season or Tournament Team Manager together with team roster or eligibility affidavit.

Name: Phone: Relationship to Player:  Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)	Player:		Date of Birth	n:/	
Player's Address: City: State/Country: Zip: Mobile Phone: Email:	Parent(s)/Legal Guardian Name:		Relationship:	Relationship:	
Mobile Phone:	Parent(s)/Legal Guardian Name:		Relationship:		
Parent or 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, ER. Physician)  Family Physician:	Player's Address:	City:	State/Country:	Zip:	
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, ER. Physician)  Family Physician:	Mobile Phone:	Work Phone:	Email:		
Address:	In case of emergency, if family	ly physician cannot be reached, I he		treated by Certified	
Hospital Preference:    In case of emergency contact:   Name:   Phone:   Relationship to Player:	Family Physician:		Phone:	Phone:	
In case of emergency contact:  Name: Phone: Relationship to Player:  Name: Phone: Relationship to Player:  Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)  Medical Diagnosis Medication Dosage Frequency of Dosage  Medical Diagnosis Medication Dosage Frequency of Dosage  The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster://  Mr./Mrs./Ms.  Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission toRosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:	Address:				
In case of emergency contact:  Name: Phone: Relationship to Player:  Name: Phone: Relationship to Player:  Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)  Medical Diagnosis Medication Dosage Frequency of Dosage  Medical Diagnosis Medication Dosage Frequency of Dosage  The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster://  Mr./Mrs./Ms.  Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission toRosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:	Hospital Preference:				
Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)  Medical Diagnosis  Medication  Dosage  Frequency of Dosage  The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster:  Mr./Mrs./Ms.  Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:  ———————————————————————————————————		t:			
Please list any allergies/medical problems, including that requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)  Medical Diagnosis  Medication  Dosage  Frequency of Dosage  The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster:  Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball. Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:	Name:	Phone:	Relationship to Play	Relationship to Player:	
Medical Diagnosis Medication Dosage Frequency of Dosage  The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster://  Mr./Mrs./Ms.  Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission toRosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:	Name:	Phone:	Relationship to Play	ver:	
The purpose of the above listed information is to ensure that medical personnel have details of any medical problem, which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster://  Mr./Mrs./Ms		cal problems, including that requiri	ng maintenance medication. (i	e. Diabetic, Asthma,	
which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster:/  Mr./Mrs./Ms	Medical Diagnos	sis Medicat	tion Dosage	Frequency of Dosage	
which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster:/  Mr./Mrs./Ms					
which may interfere with or alter treatment.  Date of last Tetanus Toxoid Booster:/  Mr./Mrs./Ms					
Authorized Parent/Guardian Signature  WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:	which may interfere with or a Date of last Tetanus Toxoid E	lter treatment.  Booster:/	dical personnel have details of	any medical problem,	
WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.  Little League Baseball does not limit participation in its activities on the basis or disability, race, color, creed, national origin, gender, sexual preference or religious preference.  Media Release Form for League Web Site:  I hereby grant permission to Rosamond Little League or it's appointed representative to photograph/interview my child,  It is my understanding that this photograph/interview or portions thereof will be used for public view.  I agree to participate in this project without financial remuneration, and I understand that this releases Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:  Signature of parent or guardian:	Mr./Mrs./Ms.		andian Cianatana		
I hereby grant permission to <u>Rosamond Little League or it's appointed representative</u> to photograph/interview my child,	Little League Baseball does not l	ent cannot prevent all injuries a player in imit participation in its activities on the eference.	might receive while participating in the basis or disability, race, color, cr		
photograph/interview my child,	<b>71</b> 1				
Rosamond Little League or it's appointed representative from any future claims as well as from any liability arising from the use of said photograph/interview.  Signature of parent or guardian:					
	Rosamond Little League on	<i>tit's appointed representative</i> fr			
Date:	Signature of parent or guar	dian:			
	Date:				