

Medical Insurance Information

NAME OF PLAYER _____ Date Of Birth _____
Telephone _____

Please Indicate:

YES --- My son/daughter has Medical Insurance Coverage

NO --- My son/daughter does not have Medical Insurance Coverage

I understand the risk of injury is present while my son/daughter is participating in youth baseball and softball. I hereby release, and agree to indemnify, defend, and hold harmless the Annandale BB/SB Association, Annandale ISD No. 876 and their agents, including but not limited to coaches and directors, from any and all legal liability for any injury that my son/daughter may sustain relating to or resulting from any participation in traveling to or attendance at ATL games, practices or other functions. My son/daughter is medically able to participate in BB/SB practices and games.

Signature of Parent/Guardian _____ Date _____

IF MEDICAL INSURANCE COVERAGE IS PROVIDED FOR BY THE PARENT
PLEASE COMPLETE THE INFORMATION BELOW:

I (Parent) _____ the undersigned parent or guardian of
(Player) _____ **do authorize – do not authorize** (circle) ATL coaches:

TO CONSENT TO any x-ray examination, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the above named player under general or special supervision and upon the advice of a physician, surgeon or dentist licensed under the laws of the State of Minnesota.

IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the above named player requires medical or hospital care it may not be possible to contact me, and that in such situations I will not be able to knowledgably evaluate and choose among the available alternative treatments or procedures, if any, or to evaluate the risks attendant upon each, and the risks attendant to foregoing all treatment; in such situations, I authorize a physician, surgeon or dentist to exercise his/her professional judgment and assess the risks incident to and choose the necessary treatment as is his/her professional judgment determines to be necessary for the health and safety of the above named player.

Name of insurance _____ ID# _____

Treatment Information

Player's doctor _____ Clinic _____
Hospital _____ Telephone _____

List any medical problems of which we should be aware: