

Elwood Baseball Softball Association

PLAYER LEVEL: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Sex: M F Home Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Alternative Emergency Contact \_\_\_\_\_

**Medical Information:**

Physician's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical treatment for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian nor emergency contacts can be reached in the case of emergency.

**Accident/Injury Waiver**

I release Elwood Baseball and Softball Association and individuals from liability in case of accident during activities related to Elwood Baseball and Softball.

**Drafts:** If a baseball or softball team roster drops below twelve (10) players, a draft of the next lower age group's oldest players will be conducted to bring the roster to twelve.

\_\_\_ Yes, I would prefer that my child move up if there is a need regardless of birthday.

\*\* Not agreeing does not eliminate my child from a draft if they are the oldest in their level.\*\*

By signing, I acknowledge that I have read and understand the above statements

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Record:**

Raffle Tickets # \_\_\_\_\_

Date \_\_\_\_\_ \$ \_\_\_\_\_ by cash ck# \_\_\_\_\_