

Little League_® Baseball and Softball Medical Release



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

Player:			Date of Birth:	
League Name:			I.D. Number:	
Parent or Guard	lian Authoriza	ation:		
		nily physician cannot be rea nergency Personnel. (i.e. E	•	•
Family Physician:			Phone:	
Address:				
Hospital Prefere	nce:			
In case of emer	gency contac	ct:		
Name		Phone		Relationship to Player
Name		Phone		Relationship to Player
-	-	lical problems, including th sthma, Seizure Disorder)	ose requir	ing maintenance
Medical [Diagnosis	Medication	Dosage	Frequency of Dosage
		<u>l</u> ove listed information is to dical problem which may ir		
Date of last	Tetanus Toxo	oid Booster:		
Mr./Mrs./Ms.	 Authorized	Parent/Guardian Signature	e	
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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.