

Hartland Baseball*One form required for each player***2022 Medical & Contact Information Form**

Player Name:		Date of Birth:	Grade:	Gender: Male Female	
Address:			City, State:		
Parent/Guardian Name:	Home Phone:	Work Phone:	Cell Phone:	E-mail:	
Parent/Guardian Name:	Home Phone:	Work Phone:	Cell Phone:	E-mail:	
Parent/Guardian Name:	Home Phone:	Work Phone:	Cell Phone:	E-mail:	
Physician's Name:		Phone:	Preferred Hospital:		
Medical Insurance Company:	Group #:		Policy ID #:		
Dental Insurance Company:	Group #:		Policy ID #:		
Dentist's Name:		Phone:	Medical Issues / Medication / Allergies:		
Emergency Contact Name & Number:					

Release Form:

I/We the Parents/Guardians of the above named player candidate hereby give my/our approval to participate in all Hartland Baseball activities. I/We assume all risks and hazards incidental to such participation, including transportation to and from activities. I/We do hereby waive, release, absolve, indemnify and agree to hold harmless Hartland Baseball, the organizers, sponsors, coaches, supervisors, participants, and persons transporting my/our child to or from activities for any claim arising out of injury to my/our child.

I/We understand that this authorization is given prior to any need for medical care, but is given to avoid any unnecessary delay in emergency treatment, which the physician may deem advisable in the exercise of his/her good judgment. I presume that a reasonable attempt will be made to contact me.

Parent/Guardian Printed Name:	Signature:	Date:
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