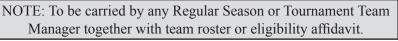


## Martinsburg Little League Association

P.O. Box 931, Martinsburg, WV 25402-0931

## **Medical Release Form**





Name:		Address:			
(full name of player- no in	itials please)	_		(PO Boxes not acceptable)	
City:	State	Zip	Pho	one	
Height	WeightLe		League	League Age	
				(age as of April 30 of current year)	
Parent or Guardian Au	morization:				
In case of emergency, if f Certified Emergency Personnel.	J 1 J		-	orize my child to be treated by	
Family Physician: Phone:			one:		
Address:					
Health Plan:					
Name of Parent/Legal Guardian (please print) Phone Cell			Relationship to Player		
Contact	DI	C-11		Dalational in the Discour	
Emergency Contact (please print)	Phone	Cell		Relationship to Player	
Please list any allergies/medical j Asthma, Seizure Disorder)	problems, including the	nose requiring	maintenance	medication. (i.e. Diabetic,	
Medical Diagnosis	Medication		Dosage	Frequency of Dosage	
The purpose of the above listed information interfere with or alter treatment.	ntion is to ensure that medi	ical personnel ha	ve details of any	medical problem which may	
Date of last Tetanus Toxoid Boos	ter:			_	
Mr./Mrs./Ms.  Authorized Parent/Guardian Signature (must be signature of parent/guardian mentioned above)				Date:	
Authorized Parent/G	uardian Signature (must be sig	nature of parent/guardian	mentioned above)		

WARNING: Protective equipment cannot prevent all injuries a player might receive while participating in Baseball/Softball.