



Martinsburg Little League Association

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

Medical Release Form



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

Name: _____ Address: _____
(full name of player- no initials please) (PO Boxes not acceptable)

City: _____ State _____ Zip _____ Phone _____

Height _____ Weight _____ League Age _____
(age as of April 30 of current year)

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

Family Physician: _____ Phone: _____

Address: _____

Health Plan: _____

Name of Parent/Legal Guardian (please print)	Phone	Cell	Relationship to Player
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Emergency Contact (please print)	Phone	Cell	Relationship to Player
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Please list any allergies/medical problems, including those requiring maintenance medication. (i.e. Diabetic, Asthma, Seizure Disorder)

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Date of last Tetanus Toxoid Booster: _____

Mr./Mrs./Ms. _____ Date: _____

Authorized Parent/Guardian Signature (must be signature of parent/guardian mentioned above)

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.