



FORM #2 EMERGENCY CONTACT & WAIVER/RELEASE

Player Emergency Contact Information

Player's Name (Last name, First Name):			
Age:		Date of Birth:	
School Name:		Grade:	
Street Address:		City:	Ohio 457
Parent's (Guardian) #1			
Cell Phone:	Work Phone:	Home Phone:	
Parent's (Guardian) #2			
Cell Phone:	Work Phone:	Home Phone:	
Name of Players Insurance Co.		Policy#/Group#:	Id#:
Family Physician's Name:			Phone:
List Any Major Injuries In The Past Year Related To Participation In Competitive Sports. (Use The Back Of Sheet necessary.)			
Date of last tetanus shot	List known allergies		
Check any known of the following conditions: <input type="checkbox"/> DIABETES <input type="checkbox"/> HEMOPHILIA <input type="checkbox"/> EPILEPSY <input type="checkbox"/> HEART CONDITION <input type="checkbox"/> ASTHMA Please list any chronic disease			
If participant is under a physician's care please list the doctor's name/phone and what the participant is being treated for. Also list any medication (including strength and dosage) the participant will be taking during the season. (Use the back of sheet if necessary.):			

Authorization for Medical Treatment And Waiver of Liability & Compensation for Minor Participants

I, the undersigned, hereby authorize and request the a medical facility to administer all requested and/or indicated outpatient and surgical services to my child, and when necessary, provide tetanus immunization or perform emergency procedures or refer to a duly licensed medical personnel for necessary emergency treatment when indicated, including transfer to outside hospitals. I further authorize and request any emergency medical service personnel to administer all requested and/or indicated treatment.

The undersigned, as parent or guardian of the child named above, desire that my child/ward participate in the above designated Athens Sandlot Baseball League (Athens Youth Baseball Organization), and by execution of this release I agree that all requirements, directions and standards set by the Sandlot Board and coaching staff/personnel shall be deemed to have been accomplished for the benefit of my child. The undersigned further understands and agrees that their child may be photographed or videotaped while participating in the Athens Youth Baseball Program, related events and activities, and that such images or video may be published in an outlet used to promote or publicize the sports program without compensation.

In consideration of the Athens Sandlot Baseball's efforts on my child's behalf, I hereby voluntarily assume all risk of accident, injury, damage and/or loss to my child's property and self as well as compensation for use of my player's image including video without compensation which may arise out of my child's participation in the designated Athens Sandlot Baseball League, hereby intending to release and discharge the City of Athens, Athens Recreation Department, Athens Sandlot Baseball League, all employees and staff, agents, assigns, volunteers, and all personnel associated or connected with the Athens Sandlot Baseball League for every claim, liability or damage of any kind caused by negligence of the City of Athens, Athens Recreation Department, Athens Sandlot Baseball League and all personnel involved or which otherwise may result from participation in the designated League.

I have read this release of liability and assumption of risk agreement, I fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Signature of Parent or Guardian: _____

Date: _____