



Year: 2021

CANTON CHALLENGER BASEBALL  
MEDICAL INFORMATION AND RELEASE

Parent/Guardian's Name \_\_\_\_\_

Player's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Number \_\_\_\_\_

If in an emergency I/We cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Nature of Player's Disability \_\_\_\_\_

Allergies \_\_\_\_\_

Medication(s) 1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_ 6. \_\_\_\_\_

7. \_\_\_\_\_ 8. \_\_\_\_\_

9. \_\_\_\_\_ 10. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Any Additional Information In Regard To Your Child That We Should Be Aware Of: \_\_\_\_\_

By signing below, I acknowledge that participation in baseball may result in injury to my child due to the fact that protective equipment doesn't prevent all injuries to players and in the case of emergency, if the family physician/dentist cannot be reached, I hereby authorize my child to be treated by another physician who is available.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_