

FOSTER CITY YOUTH BASEBALL ASSOCIATION

PLAYER REGISTRATION AND MEDICAL RELEASE

PLAYER INFO:

PLAYER'S FULL NAME _____ BIRTH DATE ____/____/____

STREET ADDRESS, CITY AND ZIP CODE _____ CELL PHONE _____ HOME PHONE _____

E-MAIL ADDRESS _____

PARENT OR GUARDIAN INFO (if under 18):

FATHER'S FULL NAME _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

FATHER'S ADDRESS (IF DIFFERENT) _____

FATHER'S E-MAIL _____

MOTHER'S FULL NAME _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE _____

MOTHER'S ADDRESS (IF DIFFERENT) _____

MOTHER'S E-MAIL _____

MEDICAL/EMERGENCY INFO (required if player is under 18):

(IN CASE OF EMERGENCY AND YOU CAN'T NOTIFY EITHER OF THE ABOVE, PLEASE CONTACT ONE OF THE FOLLOWING).

NAME _____ HOME PHONE _____ CELL PHONE _____

NAME _____ HOME PHONE _____ CELL PHONE _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE PLAN _____ POLICY NUMBER _____

FOSTER CITY YOUTH BASEBALL ASSOCIATION

PLAYER APPLICATION AND MEDICAL RELEASE

MEDICAL RELEASE: In case of emergency, I the undersigned parent or legal guardian of the participant, a minor, hereby authorize and give my permission for the team manager, adult coach, assistant coach, parents of team members acting in the capacity of supervisor, or any board member of Foster City Youth Baseball Association to have my/our child treated by any licensed emergency medical technician, physician, dentist, and/or hospital. In the event there is an emergency and I cannot be reached, please contact the people or persons listed on the other side of this form immediately. I also do hereby waive, release, absolve, indemnify and agree to hold harmless Foster City Youth Baseball Association, the organizers, sponsors, supervisors and participants for any claim arising out of any injury to me, the participant or my family, and whatever the result of said negligence, or for any other cause except to the extent and in the amount covered by accident and/or liability insurance.

Fill in the following section if player is under 18:

PLAYER NAME _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN SIGNATURE. _____

RELATIONSHIP _____ DATE ____/____/____