



# CONSENT FOR TREATMENT



*Each Player must complete and have signed*

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

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

List of Any Allergies \_\_\_\_\_

Required Medication \_\_\_\_\_

Name of League **Waretown Thunder Softball Club**

League Accident Insurance Company **National Union Fire Ins Co of Pittsburgh**

League Accident Insurance Policy No. **AIB0003450195100**

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

**By:** Parent or Guardian if Athlete is under the age of 18 **By:** Athlete if 18 or over

Daytime Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Parents Health Ins. Co. \_\_\_\_\_

Policy # \_\_\_\_\_

(Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.)