

Empire/Glen Arbor – Cedar – Maple City

Leelanau County Youth League Softball/Baseball

PLAYERS NAME: _____ D.O.B.: _____ GENDER (M/F): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PARENT / GUARDIAN NAME: _____ RELATIONSHIP: _____

MOBILE PHONE#: _____

PARENT / GUARDIAN NAME: _____ RELATIONSHIP: _____

MOBILE PHONE#: _____

MEDICAL TREATMENT CONSENT

I, _____ the parent or guardian of _____ recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that personnel may be unable to contact me for my consent for emergency medical care: I hereby consent in advance to such emergency care (including hospital care, EMT, First Responder and E.R. Physician) as may be deemed necessary under the then existing circumstances and to assume the expenses of such care.

Date: _____ **Parent/Guardian Signature:** _____

By typing your name on the signature lines below, and submitting this baseball application form, you are signing this baseball application form electronically. You agree that your electronic signature is the legal equivalent of your handwritten signature.

EMERGENCY INFORMATION

PARTICIPANTS EMERGENCY CONTACTS:

NAME & PHONE#: _____

NAME & PHONE#: _____

Child's Doctor: _____ Phone Number: _____

Please detail any special medical information: _____
