



Addendum 4- Newbury Park Pony Baseball Medical Release Form

Returning Player _____

NPPB Emergency Contact Form

I/We, the parent(s) or legal guardian of _____ do hereby grant permission to the manager, coach, or emergency contact person listed below to obtain medical care from any licensed physician, hospital or medical clinic when either parent or legal guardian cannot be contacted in person or by phone.

(Parent or Guardian, date)

Parent _____ Home _____ Cell _____

Parent _____ Home _____ Cell _____

Emergency Contact _____ Home _____ Cell _____

Medical Insurance Company _____ Policy Number _____

Physician Name or Medical Facility _____ Phone Number _____

Medical Condition or Physical Limitations _____

Allergies/Special Needs _____