

**LAMAR LITTLE LEAGUE, INC.
MEDICAL INFORMATION/CONSENT TO TREAT**

Player Name: _____ Division: _____

Parent Names: _____ Phone: _____

Family Physician: _____ Phone _____

Any allergies or medical restrictions? _____

In case of an emergency, and a parent/guardian cannot be reached, please provide an alternate contact person:

Name _____ Relation _____ Phone _____

I/We, the parents/guardians of the above named candidate for a position on a Little League@ team, hereby give my/our approval to participate in any and all Little League@ activities, including transportation to and from the activities.

I/We know that participation in baseball and softball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the local Little League@, Little League Baseball, Incorporated, the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

I/We do hereby authorize any person in a responsible position within the Little League@ program, in the event of any emergency, to authorize emergency medical treatment for my/our child named herein. I/We agree to hold harmless such persons and such emergency care centers (hospital, doctors, nurses, providing such emergency care) for such act and to assume financial responsibility for said treatment.

I/We will furnish a certified birth certificate of the above named candidate to Little League@ officials.

Signature(s): Father _____ Date _____

Mother _____ Date _____

**INFORMATION PERTAINING TO YOUR TELEPHONE NUMBER(S) IN THE LEAGUE
DIRECTORY**

EACH SPRING, LAMAR LITTLE LEAGUE PUBLISHES A DIRECTORY FOR THE SOLE USE OF ITS MEMBERS. THIS DIRECTORY IS DISTRIBUTED ONLY TO LEAGUE MEMBERS. IN ACCORDANCE WITH LITTLE LEAGUE RULES, IT IS NOT DISTRIBUTED TO PERSONS OR ORGANIZATIONS NOT AFFILIATED WITH THE LEAGUE. IF YOU DO NOT WANT YOUR PHONE NUMBER(S) TO BE LISTED IN THE LEAGUE DIRECTORY FOR THE CURRENT SPRING SEASON, PLEASE CHECK THE BOX AND INITIAL BELOW.

_____ I do not want my (our) phone numbers listed in the league directory for the current spring season.