

# T. Y. B. A. MEDICAL RELEASE FORM

## TENNESSEE YOUTH BASEBALL ASSOCIATION

P.O. BOX 2639 MURFREESBORO, TN 37133

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I hereby give permission for any and all medical attention necessary to be administered to (T.Y.B.A. Player's Name) \_\_\_\_\_ in the event of an accident, injury, sickness, etc., under the direction of the people listed below until such time as I may be contacted. The release is effective for the time during which my child is participating in the \_\_\_\_\_ Community (T.Y.B.A. Baseball League). I also hereby assume the responsibility for payment of such treatment.

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents or Legal Guardian's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Mom Cell: \_\_\_\_\_ Dad Cell: \_\_\_\_\_

Medical Insurance Company Name \_\_\_\_\_ Policy #: \_\_\_\_\_

Policy Holder Name#: \_\_\_\_\_ Group # \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Physicians Phone # \_\_\_\_\_ Dentist: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Additional Medical Condition(s) that the coach should know about? \_\_\_\_\_

### IN CASE I CAN NOT BE REACHED, EITHER OF THE FOLLOWING PEOPLE IS DESIGNATED

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I parent/guardian, hereby waive any or all rights, claims for damage arising from injury received while my child is playing, walking, or being transported to games or other activities. I also hold harmless the T.Y.B.A. Tennessee Youth Baseball Association, its directors, organizers, coaches, sponsors, managers, or any other supervisor appointed for any injury incidental to the activities or transportation to and from these activities. My Son/daughter has received a physical examination by a physician & has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, emergency personnel, & / or doctor of medicine or dentistry provide my son/daughter with medical assistance &/or treatment & agree to be responsible financially for the reasonable cost of such assistance &/or treatment.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notary Public, State of Tennessee County of \_\_\_\_\_ The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Tennessee, by \_\_\_\_\_ to be his/her free act and deed.

Signature of Notary Public \_\_\_\_\_ Print Name: \_\_\_\_\_

My commission expires: \_\_\_\_\_