

Par-Troy Little League East Inc.
2005 Emergency Contact Information / Medical Release Form

Name of Participant _____ Date of Birth ____/____/____

Street Address _____

City _____ St _____ Home Phone # _____

Emergency Contacts / People that need to be contacted in an emergency.

Mother's Name _____ Phone # _____

Cell Phone # _____ Pager # _____

Father's Name _____ Phone # _____

Cell Phone # _____ Pager # _____

Please provide an alternate contact's name and phone number.

Name _____ Phone # _____

Cell Phone # _____ Pager # _____

Doctor's Name _____ Phone # _____

Please list ALL physical / mental / social limitations of the participant and any important medical info.
PLEASE BE SURE NOT TO FORGET IMPORTANT ITEMS such as allergies, hearing, contact lens, glasses, inhalers, etc

As a parent and/or guardian of the above named participant, a minor, I hereby authorize the treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger my child's life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. I also agree, by signing this form, that in the event of any injury, regardless to whether or not it is sport related, that I provide a Physician's note specifically stating that my child my return to participation in PTLLE activities. This release form is completed and signed of my own free will for the purpose of agreeing to the above statements and authorizing medical treatment under emergency circumstances.

Name of Parent./ Guardian _____

Signature _____ Date ____/____/____