



RIPS Brewers Baseball Medical Release Form 2008-2009

To whom it may concern:

I declare that I am the parent or legal guardian of _____, a minor, age _____. I have full custody and control of the child. In the event that my child is injured or should require medical attention, I hereby authorize you to contact our physician as listed below. In the event that this doctor cannot be reached, I hereby authorize this coach or any other RIPS BREWERS BASEBALL representative to secure necessary medical treatment for my child. I further acknowledge that I will be responsible for any medical or hospital fees, or costs associated with my child's medical treatment. If possible, confirmation of this authorization should be made with me prior to treatment by calling me at the listed phone numbers below.

In case I cannot be reached, or in case of emergency, medical treatment as described above may proceed without further authorization.

Signed: _____ Date: _____

Parent or Guardian

Child's Name (First Middle Last): _____ Birthday: _____

Street: _____

City: _____ Zip: _____

Fathers Name (First Last): _____ email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Mothers Name (First Last): _____ email address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to notify in case of an emergency:

1. _____ Phone: _____

2. _____ Phone: _____

Physician: _____ Phone: _____

Hospital: _____

Medical Insurance Company: _____

Medical Insurance Number: _____

Special instructions regarding emergencies, (Physical problems, allergies, etc.): _____

**THE MEDICAL RELEASE FORM IS TO BE FILLED OUT AND TURNED
IN TO
RIPS BASEBALL TRAINING COMPLEX**