The Chico Rice SPRING 2010

Parent's Consent Medical Form

NAME _____ BIRTH DATE_____

Address_____

Home phone _____ Work _____

Cell phone _____ Email _____

Work place dad _____ Mother _____

Emergency contact _____ Phone _____

Physician name _____

Physician phone _____

Medical concerns or restrictions _____

_____

PARENTS CONSENT AND RELEASE FORM

I/we understand and acknowledge and appreciate the risks and dangers involved in allowing our son to participate in Chico Rice Baseball and I/we assume all risks of injury and damage incident to his participation in Chico Rice Baseball. I/we further in consideration of the privilege to play Chico Rice Baseball hereby release, discharge and relinquish Chico Rice Baseball, its officers, agents, their, and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son.

I/we agree in the event of illness or injury to my son during a Chico Rice Baseball game or practice team event, I/we hereby give consent for the performance of such diagnostic, medial and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

_____ _____ _____

Parent's signature ***Relation*** ***Date***

To be signed by a parent or legal guardian. This form must be signed by a parent having legal custody in case of separation.