

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
Crystal Lake American Little League

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician may endanger his or her 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.

Name of Child _____ Birth date _____ Relationship _____

Date or dates when release is intended: **2010 Crystal Lake American League Season (includes pre & post season)**

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Home Address _____ Home Phone _____

Mother's Name _____ Work Phone _____

Father's Name _____ Work Phone _____

Physician Name _____ Phone _____

Dentist Name _____ Phone _____

Hospital Choice _____ Date of Last Tetanus Shot _____

Emergency Contact Person _____ Phone _____

Special information (developmental concerns, habits, allergies, medical attention, etc.)

PROGRAM WAIVER AND RELEASE OF ALL CLAIMS
ACTIVITY - CRYSTAL LAKE AMERICAN LITTLE LEAGUE – 2010 SEASON
(Includes pre & post season play)

PLAYER NAME _____ **LITTLE LEAGUE TEAM** _____

(to be completed by Player Agent)

Please read this information carefully and be aware that by signing up and participating in this program you will be waiving and releasing all claims for injury sustained out of this program.

I/We the parents 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 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, Inc., Crystal Lake Park District, Crystal Lake School District 47, the organizers, sponsors, 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 have read and fully understand the above details of the Authorization For Medical Treatment and the Program Waiver and Release of All Claims.

I understand that my signature is required in order for my child to participate in The Crystal Lake American Little League program.

Signed (Parent/Legal Guardian)

Date