T.Y.B.A. MEDICAL RELEASE FORM

(615) 890-1540 Office **Website:** www.tybaball.com **E-Mail:** tyba4u@comast.net

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I hereby give permission for any and all medical attention necessary to be administered to the T.Y.B.A. Player listed below. 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 T.Y.B.A. Baseball Association. I also hereby assume the responsibility for payment of such treatment.

Community Location Participating In: _____

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, THE FOLLOWING IS DESIGNATED

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 fincially the reasonable cost of such assistance &/or treatment.

Signature of Parent/Guardian_____ Date_____

Notary Public:

State of _____ County of _____

I certify this to be a complete, exact & true copy of orginial document. Certified this _____day, of 20____

Signature of Notary Public _____Print Name: _____

Commission expires: _____