CBOOM	NOTE : To be carried by any Regular Seas Team Manager together with team roster of		
Player:	Date of Birth:	Gende	er (M/F):
arent (s)/Guardian Name:_	Relationship:		
arent (s)/Guardian Name:_		Relationship:	
layer's Address:	City:	State/	Country: Zip:
Iome Phone:	Work Phone:	Mobile Pho	one:
ARENT OR GUARDIAN AI	UTHORIZATION:		
	ily physician cannot be reached, I hereby auth EMT, First Responder, E.R. Physician)	orize my child to b	be treated by Certified
amily Physician:	Phone:		
ddress:	City:	State/Country:	
lospital Preference:			
arent Insurance Co:	Policy No.:	Group ID#:	
		League/Group ID#:	
	Policy No.:	Leagu	e/Group ID#:
	Policy No.: of be reached in case of emergency, contact: Phone		e/Group ID#: lationship to Player
f parent(s)/guardian canno	ot be reached in case of emergency, contact:	Re	
Fparent(s)/guardian canno Name Name	ot be reached in case of emergency, contact: Phone	Re	lationship to Player lationship to Player
f parent(s)/guardian canno Name Name	Phone Phone	Re	lationship to Player lationship to Player
f parent(s)/guardian canno Name Name Please list any allergies/medi	ot be reached in case of emergency, contact: Phone Phone	Re Re ce medication. (i.e. I	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord
Please list any allergies/medi	ot be reached in case of emergency, contact: Phone Phone	Re Re ce medication. (i.e. I	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord
f parent(s)/guardian canno Name Name Please list any allergies/medi	ot be reached in case of emergency, contact: Phone Phone	Re Re ce medication. (i.e. I	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord
f parent(s)/guardian canno Name Name Please list any allergies/medi	ot be reached in case of emergency, contact: Phone Phone	Re Re ce medication. (i.e. I	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord
f parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis	ot be reached in case of emergency, contact: Phone Phone	Re ce medication. (i.e. I Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord Frequency of Dosage
F parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis	Phone Phone Cal problems, including those requiring maintenan Medication	Re ce medication. (i.e. I Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord Frequency of Dosage
F parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis ate of last Tetanus Toxoid E	Phone Phone Phone Cal problems, including those requiring maintenan Medication Cal problems including those requiring maintenan Medication Cal problems including those requiring maintenan Cal problems including those requiring those requiring maintenan Cal problems including those requiring those requiring those requiring those requiring those requiring those requiring those re	Re ce medication. (i.e. I Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord Frequency of Dosage
f parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis Medical Diagnosis	Phone Phone Phone Cal problems, including those requiring maintenan Medication	Re ce medication. (i.e. I Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord Frequency of Dosage
f parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis Medical Diagnosis	Phone Phone Phone Cal problems, including those requiring maintenan Medication Cal problems including those requiring maintenan Medication Cal problems including those requiring maintenan Cal problems including those requiring those requiring maintenan Cal problems including those requiring those requiring those requiring those requiring those requiring those requiring those re	Re ce medication. (i.e. I Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disord Frequency of Dosage
f parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis Date of last Tetanus Toxoid E The purpose of the above listed info Ar./Mrs./Ms	Phone Phone Cal problems, including those requiring maintenan Medication Booster: Cal problems including those requiring maintenan Medication Cal problems including those requiring maintenan Phone Cal problems including those requiring maintenan Medication Cal problems including those requiring maintenan Cal problems including those requiring those requirin	Re ce medication. (i.e. Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Disorde Frequency of Dosage hich may interfere with or alter treatm Date:
If parent(s)/guardian canno Name Name Please list any allergies/medi Medical Diagnosis Date of last Tetanus Toxoid E The purpose of the above listed info Mr./Mrs./Ms	Phone Phone Phone Cal problems, including those requiring maintenan Medication Cal problems including those requiring maintenan Medication Cal problems including those requiring maintenan Cal problems including those requiring those requiring maintenan Cal problems including those requiring those requiring those requiring those requiring those requiring those requiring those re	Re ce medication. (i.e. Dosage	lationship to Player lationship to Player Diabetic, Asthma, Seizure Dis Frequency of Dosa hich may interfere with or alter tr Date:

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.