



## Emergency Contact Information and Consent

Player's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent / Guardian 1: \_\_\_\_\_

Address (if different from player): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Parent / Guardian 2: \_\_\_\_\_

Address (if different from player): \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Medical Insurance if Available

Carrier: \_\_\_\_\_ Group#: \_\_\_\_\_

Policy #: \_\_\_\_\_ ID#: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Clinic: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Please list any allergies: \_\_\_\_\_

Please list any serious medical conditions: \_\_\_\_\_

I/we hereby grant consent to any and all healthcare providers designated by the Minneapolis Youth Baseball Association (MYBA) to provide my child, \_\_\_\_\_ any necessary medical care as a result of any injury or illness. This consent includes first aid and transportation to/from health care providers.

Parent / Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_