



## Medical Release Form

This is to certify that I, the parent or guardian of \_\_\_\_\_ a player on the Ceres Youth Baseball or Softball team, hereby grant permission for the adult manager, coach, and/or business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic, for my child, in the event that he/she is injured and I am not present or can not be reached by phone. This authorization shall include all league activities, including the period required to travel to and from those activities, and we hereby waive, release, absolve, indemnity, and agree to hold harmless, Ceres Youth Baseball and Softball organization, City of Ceres, Ceres Unified School District, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the child.

Name of Child : \_\_\_\_\_  
(Print Name)

Birth Date : \_\_\_\_\_

Doctors Name : \_\_\_\_\_

Doctors Phone # : \_\_\_\_\_

Known Allergies : \_\_\_\_\_

Parent/Guardian : \_\_\_\_\_  
(Print Name)

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

Phone # : \_\_\_\_\_ (Home)

: \_\_\_\_\_ (Cell)

Insurance Name : \_\_\_\_\_

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

Parent/Guardian Signature: \_\_\_\_\_

Date : \_\_\_\_\_

**Each player needs to have a form completed, and signed by the Parent or Guardian.**