Release and Medical Information Form 2011

Having been informed of the organization of the West Sunbury Area Baseball League to provide supervised Baseball and Softball games for boys and girls. Do hereby give my/our permission to the participation in any or all risks and activities during the current season. I/we do assume all risks and hazards incidental to the conduct of the activities; and I/we do further hereby release, absolve, indemnify, and hold harmless the West Sunbury Area Baseball League, the organizers, the sponsors, or any of the supervisors appointed transporting my child to or from the activities.

I also have been advised that the West Sunbury Area Baseball League has an insurance policy that is a secondary policy only. Active only during the regular baseball season. Primary coverage of the child's current health insurance will be charged to the limits of the policy. Any excess amount of the costs due to injury above and beyond the family policy can be presented to the secondary coverage of the West Sunbury Area Baseball League but only the limits of that policy.

I have read and understand the attached letter to the parents explaining a parents role and conduct of our league. I understand the commitment I am making to this league by enrolling my child in this program.

Parent signature:_____Childs name:_____ Date:_____

In order to facilitate matters at a local hospital or any hospital that your son/daughter may need emergency care, we are asking you to sign this consent. In case of emergency I parent's signature:_____ give my permission to the hospital or physician to perform or Administer emergency care and treatment to my son/daughter:_____.

Father's name:_____Home Phone:_____Cell Phone:_____Work Phone:_____

Mother's name:_____Home Phone:_____Cell Phone:_____Work Phone:_____

Emergency Contact:_____Home Phone:_____Cell Phone:_____Work Phone:_____

Family Doctor_____Phone:_____ Preferred Hospital:_____Phone:_____

Please List any Medical facts, emergency physicians and coaches would need to know concerning your child:

Asthma_____ Allergies_____ Medications_____ Heart _____ anything else: _____

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