



Nisqually Basin Youth Baseball

Representing Yelm and Surrounding Communities



Consent for Treatment

Required for every player

Name of Player _____ Player's Age _____

Home Address _____ City _____ State _____

Family Physician _____ Phone _____

List Any Allergies _____

Required Medication _____

Name of League _____ Nisqually Basin Youth Baseball _____

League Accident Insurance Company _____ K & K Insurance _____

League Accident Insurance Policy No. _____ RPG-284825-00 _____

I (we) the undersigned parent(s) or guardian(s) of the above named child for a position on a Nisqually Basin Youth Baseball league team, hereby consent to his/her participation in any and all Nisqually Basin Youth Baseball League activities.

I (we) hereby consent to any emergency first aid deemed necessary, to be administered to said minor and I (we) further consent to emergency medical treatment deemed necessary by a licensed medical provider and hospital for said minor.

I (we) do hereby waive, release, absolve, indemnify and agree to hold harmless the Nisqually Basin Youth Baseball League, the organizers, sponsors, supervisors (i.e. managers, coaches, directors, umpires, officers, etc.), participants and persons including any physician and hospital personnel, and hospital from any and all liability, except to the extent and in the amount covered by accident or liability insurance, arising out of any activity, transportation, medical treatment, or other damage arising from or incidental to said minor's participation in case of an accident or illness, I hereby authorize a representative of Nisqually Basin Youth Baseball to use his/her judgment in obtaining immediate Medical Care.

Date _____ Signature _____
(Parent or Guardian)

Cell Phone _____ Home Phone _____

Parent's Health Insurance Company _____

Policy # _____

*Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.