



2019 Medical Consent Form

Player's Name: _____

Father's Name: _____ H # _____ Cell # _____

Mother's Name: _____ H # _____ Cell # _____

Emergency Contact: _____ Phone #: _____

Emergency Doctor: _____ Phone #: _____

Is child on regular medication? No _____ Yes _____ What kind _____

List of medical problems or allergies: _____

Medical Emergency Consent – I hereby give my full consent for any emergency medical care which may be given under whatever conditions as may be necessary to preserve life, limb or wellbeing of the above stated child. I also agree that a copy of this authorization shall be considered as effective and valid as the original.

Signed: _____ Date: _____ NY
(Must be signed by parent or legal guardian) (Location)

Parental Consent/Acknowledgement – I hereby grant permission for said child to participate in activities related to the "Youth Baseball" program offered by Akron Sports, Inc., and certifies that he/she has no known health conditions or physical limitations whereby such participation may endanger his/her safety or wellbeing. I further attest to the accuracy of all information and shall and forever, both jointly and severally, keep, save and hold harmless, Akron Sports Inc., its officers, directors, coaches associates, sponsors, and designees, from and liability, suits, actions or causes for actions, whether public or private, for damages of injuries arising out of said child's and my own, attendance and/or participation in any activities offered by Akron Sports, Inc.. It's further understood and agreed that the parents and participants will abide by the rules and regulations enacted by Akron Sports, Inc.

Signed: _____ Date: _____ NY
(Must be signed by parent or legal guardian) (Location)