Bø	NOTE: To be carried by any Decider Corre	n or Tournamant	
	NOTE: To be carried by any Regular Seaso ger together with team roster or Interna		affidavit.
layer:	Date of Birth:	Gende	r (M/F):
arent (s)/Guardian Name:	Relationship:		
arent (s)/Guardian Name:	F	Relationship:	
layer's Address:	City:	State/0	Country: Zip:
ome Phone:	Work Phone:	Mobile Phone:	
ARENT OR GUARDIAN AUTHO	DRIZATION:		
n case of emergency, if family ph mergency Personnel. (i.e. EMT, I	ysician cannot be reached, I hereby auth First Responder, E.R. Physician)	orize my child to b	e treated by Certified
amily Physician:	Phone:		
ddress:	City:	State/	Country:
lospital Preference:			
arent Insurance Co:	Policy No.:	Group ID#:	
		League/Group ID#-	
eague Insurance Co:	Policy No.:	League	e/Group ID#:
eague Insurance Co:			e/Group ID#: ationship to Player
eague Insurance Co:	Policy No.: reached in case of emergency, contact:	Rel	
eague Insurance Co: f parent(s)/guardian cannot be Name Name	Policy No.: reached in case of emergency, contact: Phone	Rel	ationship to Player ationship to Player
eague Insurance Co: f parent(s)/guardian cannot be Name Name	Policy No.: reached in case of emergency, contact: Phone Phone	Rel	ationship to Player ationship to Player
eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr	Policy No.: reached in case of emergency, contact: Phone Phone	Rel Rel re medication. (i.e. D	ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde
eague Insurance Co: parent(s)/guardian cannot be Name Name Please list any allergies/medical pr	Policy No.: reached in case of emergency, contact: Phone Phone	Rel Rel re medication. (i.e. D	ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde
eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr	Policy No.: reached in case of emergency, contact: Phone Phone	Rel Rel re medication. (i.e. D	ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde
eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr	Policy No.: reached in case of emergency, contact: Phone Phone	Rel Rel re medication. (i.e. D	ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde
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eague Insurance Co: parent(s)/guardian cannot be in Name Name Please list any allergies/medical pro- Medical Diagnosis ate of last Tetanus Toxoid Boostor The purpose of the above listed information	Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a	Rel re medication. (i.e. D Dosage	ationship to Player ationship to Player <sup>nabetic,</sup> Asthma, Seizure Disorde Frequency of Dosage
eague Insurance Co: <b>parent(s)/guardian cannot be i</b> Name Name Please list any allergies/medical pri Medical Diagnosis ate of last Tetanus Toxoid Boosto The purpose of the above listed information	Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a	Rel re medication. (i.e. D Dosage	ationship to Player ationship to Player <sup>nabetic,</sup> Asthma, Seizure Disorde Frequency of Dosage
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League Insurance Co: <b>f parent(s)/guardian cannot be i</b> Name Name Please list any allergies/medical pro Medical Diagnosis Date of last Tetanus Toxoid Boosto The purpose of the above listed information Mr./Mrs./Ms Authorized Par <b>FOR LEAGUE USE ONLY:</b>	Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a	Rel	ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage ich may interfere with or alter treatme Date:

WARNING: PROTECTIVE EQUIPMENT CANNOT PREVENT ALL INJURIES A PLAYER MIGHT RECEIVE WHILE PARTICIPATING IN BASEBALL/SOFTBAL Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.