



NEENAH BASEBALL MEDICAL CONSENT FORM - 2012

Authority to Secure Medical Assistance / Medical & personal Injury Waiver:

We (I) the undersigned and parents or legal guardian(s) of: _____,
(name of registered player)

hereafter designated as "my child", have our (my) own accidental/medical insurance and are (am) willing to take full financial responsibility for any and all injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any other related supporting activities of the Neenah Baseball Inc. program.

My Accidental/Medical Insurance carrier is: _____ Policy number: _____

We (I) further knowingly and voluntarily waive any and all claims against, and forever release Neenah Baseball Inc., Neenah, WI. Its board members, officers, agents, volunteers, team managers and coaches for any and all injuries or consequences of injuries sustained by "my child" while participating in any practice session, actual athletic competition, or any related supporting activities of the Neenah Baseball Inc., program. We (I) also knowingly and voluntarily waive any and all claims against, and forever release the Park Commission, and the Town of Menasha, Town of Neenah and the City of Neenah, its employees, officers and commissioners for any and all injuries or consequences of injuries sustained by "my child" while participating in any practice sessions, actual athletic competition, or any other related supporting activities of the Neenah Baseball Inc., program.

Our (my) signature below will allow a manager, coach or other agent of Neenah Baseball Inc., Neenah WI. To admit "my child" to a medical facility and/or seek the care of a physician if conditions warrant such action, and we (I) understand that charges for such medical treatment and/or related expenses will be my responsibility.

Signed:

_____ Father or Legal Guardian	_____ Please print name above	_____ Date
_____ Mother or Legal Guardian	_____ Please print name above	_____ Date

Child's Information

_____ Child's name	_____ Age	_____ Birthday	
_____ Address	_____ City	_____ State	_____ Zip Code

Please list any pre-existing medical condition you feel the coach should be made aware of (Diabetes, Asthma, Etc.)

Physician Contact Information

_____ Physician's Name	_____ Phone #
_____ Dentist's Name	_____ Phone #

Emergency Contact

_____ Father	_____ Primary contact #	_____ Secondary contact #
_____ Mother	_____ Primary contact #	_____ Secondary contact #
_____ Other	_____ Primary contact #	_____ Secondary contact #