



Player Information Form

Player's Full Name: _____

DOB (mm/dd/yyyy): ____/____/____ School Grade: _____ Throws (R/L): _____ Bats (R/L): _____

Jersey Size (YL, XS, S, M, L, XL, XXL): _____ Hat Size (XS/S, S/M, L/XL): _____ Hat Size (Fitted): _____

Co-op day(s) and ending time(s): _____

Home Address: _____

Home Phone: _____ Player Email Address: _____

Player Cell/Text Number: _____ Parent Cell/Text Number(s): _____

Parent Name(s): _____

Parent Email Address(es): _____

Medical Release

In the event of any injury or emergency, if I or my emergency contact cannot be notified, I authorize the individual(s) in charge to obtain medical treatment for my child as deemed necessary by competent medical personnel. Additionally, I understand that I am fully responsible for any and all charges incurred due to such treatment.

Medications taken: _____

Known allergies: _____

Any other pertinent medical history: _____

Doctor's name: _____ Doctor's Phone: _____

Doctor's address: _____

Insurance Information: Provider: _____ Policy # _____

Emergency contact (other than parent): Name: _____

Relationship to Player: _____ Phone: _____

PARENT'S SIGNATURE: _____ **DATE:** _____