



CONSENT FOR TREATMENT

Each Player must complete and have signed all 4 copies (1 sheet).

Name of Player _____ Player's Age _____
 Home Address _____ City _____ State _____
 Family Physician _____ Phone() _____
 List of Any Allergies _____
 Required Medication _____
 Name of League _____
 League Accident Insurance Company K&K Insurance Group, Inc.
 League Accident Insurance Policy No. SPP0000365200

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

DATE _____ SIGNED _____
 Daytime Phone () _____ Evening Phone () _____
 Cell Phone () _____
 (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.)



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