

**SOUTHWEST YOUTH ATHLETIC ASSOCIATION  
DBA Ken Berry League**

**NOTICE TO ALL PLAYERS AND PARENTS:**

In many situations a minor child cannot receive emergency medical care without the authorization of a parent or guardian. We **require** that you fill out and **sign** this form to avoid any unnecessary delay in medical treatment.

Players Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/guardian name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Information:**

Medical Doctor: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Allergies: \_\_\_\_\_ Medication: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

**Person to contact in case of emergency: (if parent/guardian is unavailable)**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Consent for emergency medical treatment:**

**As** a parent or legal guardian of the above-named player, I do hereby consent to the emergency medical care and treatment of the above-named player, as required as a result of injury and/or illness while participating in the Southwest Youth Athletic Associations summer baseball/softball program or other sanctioned association activity. In the event of the necessity for emergency medical treatment I and/or we hereby authorize a coach or member of the Board of Directors of the Southwest Youth Athletic Association to consent to the emergency medical care and treatment and/or ambulance transportation to a medical care facility and/or hospital treatment center. The purpose of this authorization is to insure proper and necessary emergency medical care and treatment.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Managers keep this form with you at all times.**