

**The City of Willoughby Hills
Emergency Contact and Medical Information**

If you have more than one child enrolled, a separate form must be completed for each

PARTICIPANT'S NAME

DATE OF BIRTH

M F
SEX (Please Circle)

PARENT'S / GUARDIAN'S NAME

PARENT'S / GUARDIAN'S NAME

DAY TIME PHONE

CELL PHONE

DAY TIME PHONE

CELL PHONE

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

Alternative Emergency Contacts

PRIMARY EMERGENCY CONTACT

SECONDARY EMERGENCY CONTACT

DAY TIME PHONE

CELL PHONE

DAY TIME PHONE

CELL PHONE

STREET ADDRESS

STREET ADDRESS

CITY, STATE, ZIP

CITY, STATE, ZIP

Medical Information

Your child's medical information is private and will only be shared with health care providers involved in the medical treatment of the child.

HOSPITAL / CLINIC PREFERENCE

PHYSICIAN'S NAME

PHONE NUMBER

ALLERGIES / SPECIAL HEALTH CONSIDERATIONS:

Release of Liability: I / We, the parents/guardian of the above, who is a candidate for a position in Willoughby Hills Baseball/Girls Softball, hereby give my/our approval to their participation in any and all activities of the League. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless the City of Willoughby Hills, Willoughby Hills Boys League, the organizers, sponsors, and supervisors, any or all of them. I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. I/We likewise release from responsibility any person transporting the participant to or from our activities. I/We will provide a certified birth certificate of the above named player upon request from league officials. In case of injury, I/We the parents/guardian of the above named participant will assume full responsibility for any claims resulting from injury. I/We further grant permission for medical treatment in the event of an emergency.

I acknowledge that I have read and fully understand the "Release of Liability" statement above.

Parent's / Guardian's Signature

Date

Parent's / Guardian's Signature

Date