| B. | IOTE To be corried by any Density C | n or Tourseurs' | |
|--|---|--|--|
| | NOTE : To be carried by any Regular Seaso ger together with team roster or International sector of the sector of | | affidavit. |
| Player: | Date of Birth: | Gender | r (M/F): |
| arent (s)/Guardian Name: | F | Relationship: | |
| arent (s)/Guardian Name: | Relationship: | | |
| layer's Address: | City: | State/0 | Country:Zip: |
| ome Phone: | Work Phone: | Mobile Phone: | |
| ARENT OR GUARDIAN AUTHO | DRIZATION: | | |
| n case of emergency, if family ph mergency Personnel. (i.e. EMT, I | ysician cannot be reached, I hereby auth First Responder, E.R. Physician) | orize my child to b | e treated by Certified |
| amily Physician: | Phone: | | |
| ddress: | City: | State/ | Country: |
| lospital Preference: | | | |
| arent Insurance Co. | Policy No.: | Group ID#: | |
| | | | |
| eague Insurance Co: | Policy No.: | League | |
| eague Insurance Co: | | | |
| eague Insurance Co: | Policy No.: reached in case of emergency, contact: | Rel | e/Group ID#: |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name | Policy No.: reached in case of emergency, contact: Phone | Rel | e/Group ID#: ationship to Player ationship to Player |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name | Policy No.: reached in case of emergency, contact: Phone Phone | Rel | e/Group ID#: ationship to Player ationship to Player |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr | Policy No.: reached in case of emergency, contact: Phone Phone | Rel Rel ce medication. (i.e. D | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde |
| eague Insurance Co: parent(s)/guardian cannot be Name Name Please list any allergies/medical pr | Policy No.: reached in case of emergency, contact: Phone Phone | Rel Rel ce medication. (i.e. D | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr | Policy No.: reached in case of emergency, contact: Phone Phone | Rel Rel ce medication. (i.e. D | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pr | Policy No.: reached in case of emergency, contact: Phone Phone | Rel Rel ce medication. (i.e. D | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde |
| eague Insurance Co: f parent(s)/guardian cannot be Name Name Please list any allergies/medical pro Medical Diagnosis | Policy No.: reached in case of emergency, contact: Phone Phone | Rel Rel ce medication. (i.e. D Dosage | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde |
| eague Insurance Co: parent(s)/guardian cannot be in Name Name Please list any allergies/medical pro- Medical Diagnosis ate of last Tetanus Toxoid Booste | Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication | Rel Rel ce medication. (i.e. D Dosage | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage |
| eague Insurance Co: parent(s)/guardian cannot be in Name Name Please list any allergies/medical pro- Medical Diagnosis ate of last Tetanus Toxoid Boostor The purpose of the above listed information | Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a | Rel Rel ce medication. (i.e. D Dosage | e/Group ID#:ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage |
| eague Insurance Co: f parent(s)/guardian cannot be in Name Name Please list any allergies/medical pro- Medical Diagnosis Date of last Tetanus Toxoid Boostor The purpose of the above listed information | Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication | Rel Rel ce medication. (i.e. D Dosage | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage |
| eague Insurance Co: f parent(s)/guardian cannot be in Name Name Please list any allergies/medical pro- Medical Diagnosis Date of last Tetanus Toxoid Boostor The purpose of the above listed information Ar./Mrs./Ms Authorized Par | Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a | Rel Rel ce medication. (i.e. D Dosage | e/Group ID#:ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage |
| eague Insurance Co: | Policy No.: reached in case of emergency, contact: Phone Phone Oblems, including those requiring maintenance Medication er: on is to ensure that medical personnel have details of a | Rel Rel Rel any medical problem wh | e/Group ID#: ationship to Player ationship to Player iabetic, Asthma, Seizure Disorde Frequency of Dosage ich may interfere with or alter treatm Date: |

Little League does not limit participation in its activities on the basis of disability, race, color, creed, national origin, gender, sexual preference or religious preference.