



2009 Storm Baseball Release

Full Name: _____ **Date of Birth:** _____

Address: _____

Parents/Guardians Names: _____

Phone Number (Home): _____

Cell Number: _____ **Work Number:** _____

I, _____, do not hold any coach, or anyone else assisting with the team, sponsor, or the Village of Pleasant Dale, Nebraska responsible for any accidents or injuries which may be incurred at practice, games or in traveling to and from games, to my son, _____.

Person to contact in case of emergency, if unable to contact parents:

Name _____ **Phone Number** _____

Any special medical problems or needed medications we should know about?



Medical Release

I give any coaches or anyone else assisting with the baseball team, my permission to seek medical attention in the event of an injury to my son, _____, in my absence.



Date

Family Doctor _____

Phone Number _____