

Application to play Big League Baseball, Maumee Little League, PO Box 12 Maumee, OH 43537
Please Print

_____ M__F__ D.O.B. ___/___/___ League Age___ Team_____
Player name

_____ (419) _____
Street Address City State Zip phone

_____ birth certificate _____ participation fee _____
Mother's name

_____ Name of school _____
Father's name

Permission Acknowledgement for Athletic Participation

_____ has my permission to take part in baseball in the Senior travel league of Maumee Little League, including practice sessions and travel to and from athletic contests. We understand that every reasonable effort will be made to provide for the safety of participants, but acknowledge that there are present in any athletic activity, certain physical risks that may result in injury, which can not be prevented.

I _____ hereby waive, absolve, indemnify, release and agree to hold harmless Maumee Little League, Inc., the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities for any claim arising out of injury or illness received by my/ our child whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I hereby claim my/our child physically able to participate in the Senior travel League of Maumee Little League.

_____ Date _____
Parent/Guardian signature

EMERGENCY MEDICAL RELEASE FORM

_____ M__F__ D.O.B. ___/___/___ AGE _____
Players name

_____ (____) _____
Parent or Guardian Address Phone

_____ phone _____
Other person to contact in case of emegency

_____ phone _____
Doctor's name Dentist's name phone

- In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:
- (1) the administration of any treatment deemed necessary by above named doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist.
 - (2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur the necessity for such surgery.

List any facts concerning the child's medical history, including allergies, medications being taken, and any physical impairments to which a physician should be alerted.

_____ Date _____
Signature of Parent or Guardian

The manager shall take a copy of this form to all games.