

# Arlington Senior Babe Ruth Baseball Consent for Treatment & Waiver Form

*Each player must complete and have signed before playing.*

Name of Player \_\_\_\_\_ Player's age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parent(s) or Guardian(s) Name(s) \_\_\_\_\_

Home and Cell Phone ( ) \_\_\_\_\_

Work Phone Mother ( ) \_\_\_\_\_ Father ( ) \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_

Policy/Group Number \_\_\_\_\_

Is your child allergic to any medications? If so list: \_\_\_\_\_

Other allergies (bee stings, poison ivy, peanuts, etc.) \_\_\_\_\_

Required Medication \_\_\_\_\_

Name of League Arlington Senior Babe Ruth Baseball

League Accident Ins Co. Nationwide Life Insurance Co. through K&K Insurance Group, Inc.

League Accident Policy No. \_\_\_\_\_

***In case of accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate medical care.***

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

*(Parent or Guardian)*

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible.

As consideration for the right to participate in the Arlington Senior Babe Ruth Baseball League and/or other activities and services provided by the Arlington County Department of Parks, Recreation, and Cultural Resources, its agents and employees, I on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify Arlington Senior Babe Ruth Baseball League, the County and all of its officers, departments, agencies, agents and employees from any and all claims, losses, damages, injuries, fines, penalties and costs (including court costs and attorney's fees), charges, liabilities, or exposures, however caused, resulting from, arising out of, or in any connection to my or any minor family member's participation in the above described program. I have read and understand this IDEMNIFICATION AND HOLD HARMLESS AGREEMENT and by my signature agree to its terms.

DATE \_\_\_\_\_ SIGNED \_\_\_\_\_

*(Parent or Guardian)*