MITCHELL BASEBALL ASSOCIATION
MEDICAL RELEASE FORM 2010

Complete and sign this form for each athlete that will compete in Spring or Summer Baseball.
(Named Athlete)

_____

Last Name First Name Middle Initial

_____

Address Phone Number

Parents: Please read the entire form and fill out the information requested and sign. The Medical Society or the Mitchell Baseball Association will notify you of any irregularities, which will need further attention. Copies of this form will be available upon request.

Parent or Guardian Permit: I/we give our permission for **Named Athlete t**o participate in organized baseball for the upcoming season. I/we understand that such activity involves the potential for injury which is inherent in all sports.

Parental Consent for Medical Treatment: I hereby consent to any medical services that may be required while my son is under the supervision of an employee of Mitchell Baseball Association while on a sponsored activity and hereby appoint said employee to act on my behalf in securing necessary medical services from any duly licensed physician or osteopath.

Consent of Child for Medical Treatment: I, **Named Athlete** have read the above consent form signed by my (Mother – Father – Legal Guardian) and join with him/her in consent.

Insurance: The Mitchell Baseball Association carries an ACCIDENTAL INSURANCE PLAN. This plan is not intended as a primary insurance plan. All participants are expected to have a primary accidental insurance plan. **All Players participate at their own risk.**
Claim forms for the MBA Insurance Plan are available from the board treasurer. Completion and submission of claim forms are the responsibility of the participant.

Parent or Guardian Signature

I hereby acknowledge that I have read and understand the Medical Release Form and agree to adhere to the regulations to the best of my ability while participating in baseball for the Mitchell Baseball Association.

Signed: _____Date: _____
Athlete's Signature

I hereby acknowledge that I have read and understand the Medical Release Form and give my permission for my son to participate in baseball for the Mitchell Baseball Association.

_____ Date:_____
Parent's/Guardian Signature

Name of Insurance Company:
_____

Allergy Information_____

Other Medical Concerns which you want the Coaching Staff to be aware:
_____