

Lake Zurich Baseball and Softball Association Medical Release Form

As a parent/legal guardian, I herewith authorize the treatment by a qualified and licensed medical doctor of the minor currently being registered in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

This release form is completed and signed of my own free will with sole purpose of authorizing medical treatment under emergency circumstances in my absence.

I/We have read, understand and agree to comply with the LZBSA Medical Release Form as outlined above.

Lake Zurich Baseball and Softball Association Medical Disclaimer

I, as a parent, understand that LZBSA disclaims any financial responsibility for the cost of doctors, hospitals, ambulances or paramedics, etc., arising by virtue of any injury to my child while participating in a game or in preparation for a game.

I further understand we are not covered by any insurance policies while a participant or spectator.

I/We have read, understand and agree to comply with the LZBSA Medical Disclaimer as outlined above.

Participant Medical Information

Physician Name: _____

Physician Phone Number: _____

Does this participant have any medical allergies, chronic illness, or other conditions the LZBSA should be aware of?:* Yes ___ No ___

Please specify medical allergies, chronic illness, or other conditions:* _____

Emergency Contact Information

Please list someone other than a Parent/Guardian in case they are unable to contacted

Emergency Contact First & Last Name:* _____

Emergency Contact Primary Phone:* _____

Emergency Contact Relationship to Participant _____