



Permission and Consent for Medical Treatment

I _____, the undersigned, hereby grant permission for _____ to participate in the baseball league sponsored by UMAC. I understand that this program is not solely supported by registration fees, and I agree to participate in various fundraising, and other support activities.

Consent for Medical Treatment

As a parent or legal guardian of _____, I give my consent for emergency medical treatment approved by the team manager or other adult escort, in case of serious illness or injury while participating in the UMAC Babe Ruth Baseball program and related activities. I understand that this is to prevent undue delay and to assure prompt treatment, and that only a licensed physician will be engaged for such an emergency. Parents will be notified in such a case. I have listed all allergies, special medication needs, or medical problems below.

Physicians Name: _____ Phone: _____ Needs: _____
Emergency Contact: _____ Phone: _____ Medications: _____
Signature _____ Home Phone: _____ Work Phone: _____

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