

SBHS Baseball Player Information

Player Name: _____ **DOB:** ___/___/___
Last, First, Initial

Home Address: _____
Street

City, Zip code

Phone Numbers: (____) _____ (____) _____
Home Cell

Email: _____

Father's Name: _____

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Cell Work

Email: _____

Mother's Name: _____

Phone Numbers: (____) _____ (____) _____ (____) _____
Home Cell Work

Email: _____

Insurance Carrier: _____ **Policy Number:** _____

Medical Conditions: _____
(allergies, medications, other)

Authorization for Consent to Medical Treatment

The undersigned (Parent/Guardian) of _____ (players name), hereby authorizes the coaching staff or any dutifully recognized agent of the Santa Barbara Baseball Parents Association to consent to any diagnostic procedure, to the administration of any medical, dental or surgical treatment, or any hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act. This authorization is given in advance of any specific diagnosis, treatment or medical care being required, and pursuant to the provisions of Section 25.8 of the California Civil Code.

Parent/Guardian Signature _____ Date _____

Release Agreement

In consideration for participation with the 2010-2011 off-season baseball program administered by the Santa Barbara Baseball Parents Association, I hereby waive, release and discharge any and all claims for damages, death, personal injury or property damage which I may have or which hereafter accrue to me, against the Santa Barbara Baseball Parents Association and its officers.

In addition this release discharges any of the coaching staff, instructors, volunteers, Santa Barbara High School, The Santa Barbara School District and any other recognized agent or participant from and against any and all liability arising out of or connected in any way with my participation in any sponsored activity or with travel to such activity, even though that liability may arise out of negligence or carelessness on the part of persons or agencies mentioned above.

I further understand that accidents and injuries can arise out of participation in sports activities; knowing the risks, nevertheless, I hereby agree to assume those risks and to release and to hold harmless all of the persons or agencies mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risk, is to be binding on my heirs and assigns.

I have read this entire Release Agreement, I fully understand it and I agree to be legally bound by it.

(Player Signature)

(Date)

(Parent or Guardian Signature)

(Date)