

# Wichita Falcons

## PLAYER CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

In an emergency, please contact:

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical and/or Hospital Insurance Coverage: \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

### PLAYER CONSENT AND MEDICAL RELEASE

Recognizing the possibility of illness or injury, I consent to participating in the beep baseball program (The programs). Further, I hereby release, discharge, and otherwise indemnify the Wichita Falcons, Envision, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owners of fields and facilities utilized for the Programs, against any claim by or on my behalf as a result of participation in the Programs and/or being transported to or from the Programs.

I have received a physical examination by a licensed medical doctor and have been found physically capable of participating in the sport of beep baseball. I have provided written notice, which is submitted in conjunction with the release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that may impact my participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Player \_\_\_\_\_ - \_\_\_\_\_ Date \_\_\_\_\_