

## CONSENT FOR TREATMENT

## Each Player must complete and have signed

Name of Player		Player's Age
Home Address	City	State
Family Physician	Phone_	
List of Any Allergies		
Required Medication		
Name of League		
League Accident Insurance Company		
League Accident Insurance Policy No		Los engantes.
In case of an accident or illness, I hereby authorize a representative of Babe in obtaining immediate Medical Care.		Ruth League, Inc. to use his/her judgment
DATE SIGNED		
Daytime Phone ( )	(Parent or Guardian) Home Phone ( )	
Cell Phone ( )Pai	Parents Health Ins. Co.	
Pc	Policy #	
(Parents will be notified in case of serious illness or injury as quickly as immediate treatment possible.		they can be reached, but this will make