

**Griffith Youth Baseball League  
Medical Waiver**

Name of Player \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_

Any Medical Problems (i.e. allergies, asthma, etc...) \_\_\_\_\_

\_\_\_\_\_  
List Medications \_\_\_\_\_

In case of an emergency, please list two different people we can contact if you are not present and we are unable to reach you.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**PARENT AUTHORIZATION**

I/We know that the participation in baseball or softball may result in serious injury to my/our child. Protective equipment does not prevent all injuries to players. In case of emergency, if family physician cannot be reached.

I hereby authorize \_\_\_\_\_ to be treated by another physician who is available.

Date \_\_\_\_\_

Signed \_\_\_\_\_  
Parent or Legal Guardian

Name of Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_