

CONSENT FOR TREATMENT

Each Player must complete and have signed

ame of Player		Player's Age	
ome Address		City	State
mily Physician_		Phor	ne
st of Any Allergi	es		
ame of League			
ague Accident In	surance Policy No.		
In ange of an accid	· · · · ·	thorize a representative of Babe Ruth Le	eague, Inc. to use his/her judgment
in obtaining immed	iate Medical Care.		
	SIGNED		
in obtaining immed	SIGNED	r Guardian if Athlete is under the age of 18 By: At	thlete if 18 or over
in obtaining immed	SIGNED By: Parent o	· · ·	
in obtaining immed DATE Daytime Phone	SIGNEDBy: Parent o	· · ·	