



*Glenview Youth Baseball / Glenview Blaze*  
*Medical Release Form*

Player: \_\_\_\_\_

Date: \_\_\_\_\_

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified licensed medical professional of the following minor in the event of an injury or a medical emergency which, in the opinion of the licensed medical professional, may be detrimental if delayed. This authority is granted only after a reasonable effort has been made to reach me. I further agree injury is an inherent part of any sport and understand Glenview Youth Baseball and the Glenview Blaze Baseball Organization are not responsible for injuries sustained to the participants.

Name of Minor: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Mother Home Phone: (    ) \_\_\_\_\_

Father Home Phone: (    ) \_\_\_\_\_

Mother Work Phone: (    ) \_\_\_\_\_

Father Work Phone: (    ) \_\_\_\_\_

Mother Cell Phone: (    ) \_\_\_\_\_

Father Cell Phone: (    ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

**Medical Notes / Allergies:**

Insurance Company: \_\_\_\_\_

Group / Plan Number: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_