

**KEWANEE A'S BASEBALL**  
**MEDICAL RELEASE FORM**

The undersigned parent or guardian of the minor child named below (player), realizing that Kewanee A's Baseball is a nonprofit organization and the athletic program is supervised by volunteers; consents, agrees, and binds the parent or guardian, including all heirs assigned to the following matters regarding player's participation in Kewanee A's Baseball activities.

1. In consideration of the benefits derived by the player's participation in said program, we hereby consent, approve and agree to identify and hold and save harmless Kewanee A's Baseball, its agents, representatives, officers, coaches, managers, and board members from and against all actions or causes of actions, claims, demands, liabilities, loss damage or expense of whatever, which may be sustained or incurred by virtue of injury or damage to us or the player resulting or growing out of participation in any program of Kewanee A's Baseball.
  
2. In the case of serious accident or illness, and in case I cannot be reached, I authorized the coach or assignee to provide or arrange for appropriate emergency care. If an emergency transport is necessary, I authorize the same to summon an ambulance to transport the player to the hospital or nearest medical treatment facility based on conditions pertaining to the incident. I understand that if the situation warrants, I may not be notified until the transport has been initiated. I agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

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Players Name and Date of Birth

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Physicians Name and Phone Number/ Allergies of other known conditions

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Parents Signature and Date