EAST ORANGE LITLE LEAGUE MEDICAL RELEASE FORM

____(Init.) I/We, the undersigned parents, or legal guardian of __________ ____________ , a minor, to hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and the emergency room staff licensed under the provisions of the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any general hospital holding a current license to operate a hospital from the State of Florida, Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his best judgment may deem advisable, but that any of the above mention treatments will not be withheld if the undersigned cannot be reached.

____(Init.) I/We, the undersigned parent's) or guardian of the above named child, hereby given my/our approval to this participation in and of all of the activities of East Orange Little League (EOLL) during the current season. I/We assume all risk and hazards incidental to the conduct of the activities, and transportation to and from the activities. I/We do further hereby release, absolved, indemnify and hold harmless EOLL and Little League Baseball Inc., the organizers, sponsors, directors, and the supervisors, any and all of them. In case of injury to my/our child, I/We hereby waive all claims against the or the organizers, sponsors, directors, and the supervisors, any appointed by them. I/We likewise waive, to the extent not covered by liability insurance, any claim against any persons transporting my/our child to or from the activities. I/We will furnish a certified birth certificate of the above named registrant upon request of Little League Officials.

Allergies or other information relating to minor's health:		
Emergency Contact Name:	Phone:	Relationship:
Physicians Name:	Phone:	
Insurance:	Phone	Policy #:
MY SIGNATURE BELOW INDICATES THAT I HAVE READ AND ACKNOWLEDGE MY UNDERSTANDING OF THE ABOVE.		
Parent/Guardian:	Date:	