



CMBA Player Medical & Emergency Information

Family Registration Information

Player Name:
Parent / Legal Guardian:
Home Phone #:
Cell Phone #:
Email:

Emergency Contact (in case parent/guardian cannot be reached)

Name:
Relation to player:
Phone #:

Care Card #:	
Family Doctor:	Phone #:
Dentist:	Phone #:

Medical conditions that manager/coach should be aware of:

☐ Asthma ☐ Allergies ☐ Other: _____

Does your child require the use of a medical device (Epi-Pen/Inhaler): _____

If yes, is your child aware how to use properly the device: _____

Please list known allergies (if applicable): _____

I/we being the parent(s) of custody or legal guardian(s) of _____ (name of CMBA Player), do hereby appoint the supervising **Cloverdale Minor Baseball** official to act on my behalf in authorizing unexpected medical, dental, surgical care, or hospitalization for said minor, in my absence and I authorize the **Cloverdale Minor Baseball** official to grant consent to medical doctors and emergency staff at a hospital/emergency facility to conduct the required tests and provide the necessary medical treatment/care to the above named child **IF I, MY SPOUSE, OR LEGAL GUARDIAN CANNOT BE REACHED**. I understand that every reasonable effort will be made to contact me. I understand that the consent and authorization herein granted are valid only during the length of the season.

Signature of Parent or Guardian _____ **Date:** _____