



Player Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender : \_\_\_\_\_

Player's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

email: \_\_\_\_\_

Parent(s)/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

email: \_\_\_\_\_

**PARENT OR GUARDIAN AUTHORIZATION:**

In case of emergency, I hereby authorize the League to take the injured player to the hospital for treatment of an injury sustained during any game or scheduled practice held in the Town of Highland. In the event of an injury outside of the Town of Highland, I authorize the League to take the injured player to the nearest hospital or clinic for treatment.

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address / Clinic: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**If parent(s)/guardian cannot be reached in case of emergency, contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship to player: \_\_\_\_\_

Please list any medical information the league should know about (Allergies, Physical Limitations, Etc.)

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**Parent / Guardian Signature:** \_\_\_\_\_