

## CONSENT FOR TREATMENT

This form must be filled out to enable Springfield Babe Ruth to provide treatment to players in the event of injury or illness. If you do not convey consent for treatment to Springfield Babe Ruth representatives, then a parent or guardian will have to accompany their child to all games and practices to provide care in the event of an injury or illness.

Name of Player \_\_\_\_\_ Player's Age \_\_\_\_\_

Home Address \_\_\_\_\_

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

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Allergies \_\_\_\_\_

Required Medications \_\_\_\_\_

In case of an accident or illness, I hereby authorize a representative of Springfield Babe Ruth to use his/her judgment in obtaining immediate medical care.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone #s: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

## OPT OUT FORM

Springfield Babe Ruth hopes to enhance our website with team photos and news. If you **DO NOT** grant permission for your child to be featured, please sign below.

You **MAY NOT** feature my child's name, likeness, or voice in any videotape, audio recording, website, or still photograph production that will be produced by SBRL representatives.

Signed \_\_\_\_\_ Date \_\_\_\_\_