

Player Name:

Team:

This document is given to the EYL team manager who must bring it to every game and practice

Elmora Youth League Parent & Medical Release Form Little League Law N.J. SA 2:62A-6 ET SEG

<b>Player:</b>	<input type="text"/>	<b>Birthdate:</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>		
<b>City:</b>	<input type="text"/>	<b>State:</b> NJ	<b>Zip:</b> <input type="text"/>
<b>Phone:</b>	<input type="text"/>	<b>Parents:</b>	<input type="text"/>
<b>Other(Cell):</b>	<input type="text"/>		
<b>EMAIL:</b>	<input type="text"/>		

**Emergency Contact Person(s) (other than person listed above)**

<b>Name:</b>	<input type="text"/>	<b>Phone</b>	<input type="text"/>
<b>Address:</b>	<input type="text"/>		

**Health History: (Please check and list approximate dates)**

<input type="checkbox"/>	Rheumatic Fever	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Poison Ivy	<input type="checkbox"/>	Measels
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Insect Stings	<input type="checkbox"/>	German Measels
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Infections	<input type="checkbox"/>	Mumps

Does your child use an Auto-Injector Epi Pen?, If Yes Does he/she bring it with him/her? or Where is it kept? **Yes** **No**

Does your son/daughter have any medical problems or allergies that we should be informed about? **Yes** **No**

If Yes, Please Explain:

Is your son/daughter on any medications? **Yes** **No**

If Yes, Please describe the type of medication, dosage, frequency of use and who it authorized to administer it?

**IMMUNIZATION HISTORY: Are the basic immunizations and boosters up to date. Please initial the appropriate box.**

YES - All immunizations and boosters are up to date.  NO - Immunizations and boosters are NOT up to date.

**Parents Authorization**

I give permission for my child to practice and play for Elmora Youth League during the 2021 Season. I hereby waive and release any and all rights and claims for damages, which I may have against any coach or agent of the Elmora Youth League for any and all injuries, which my child may incur while taking part in the program. This release also encompasses any injuries, which may be sustained while traveling to and from participation in your program. As a parent, I understand it is my responsibility to pick up my child at the predetermined time and location. I also understand that if my child becomes ill or destructive, the above EMERGENCY CONTACT PERSON (S) will be called to take my child home if I cannot be contacted immediately.

This health history and Immunization history is correct as far as I know. I understand that this information will be kept strictly confidential and will be used in cases of injury or sickness and will be presented to medical personnel who have to attend to my child in an emergency.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Elmora Youth League, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

<b>Parent/Guardian Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
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