

**Plainfield Little League  
Youth Sports Emergency & Disaster Information Form**

PLAYER'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT'S/GUARDIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICATION(S) TAKEN: \_\_\_\_\_

ALLERGIES TO MEDICINE OR FOOD: \_\_\_\_\_

1. In the event of accidents, injury or illness, where can the parent/guardian be reached if not at home?

Parent/Guardian: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

2. Who should the Plainfield Little League Coaches or Board Members contact if parent/guardian cannot be reached.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>RELATIONSHIP</u>

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**PARENT'S CONSENT FOR EMERGENCY MEDICAL TREATMENT**

I hereby represent that I am the parent and/or guardian of the above-named minor child. I request that my child be allowed to participate in the Plainfield Little League (PLL).

I give permission to the PLL to obtain on my child's behalf, at my expense, any emergency medical treatment as deemed necessary in the sole discretion of PLL in case of sickness, accident or injury.

In consideration of the request to participate in the program, I HEREBY AGREE, ON MY OWN BEHALF AND ON BEHALF OF MY CHILD, TO RELEASE AND FOREVER DISCHARGE THE PLAINFIELD LITTLE LEAGUE, THE VILLAGE OF PLAINFIELD, THEIR COUNCIL MEMBERS, OFFICERS, EMPLOYEES AND AGENTS from any and all liability arising from PLL providing emergency medical treatment to my child.

I have authority to enter into this authorization and hereby do so, on behalf of myself, my child and all parents and/or legal guardians of the child.

\_\_\_\_\_  
PARENT/GUARDIAN NAME

\_\_\_\_\_  
P/G SIGNATURE

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE