

Little League Baseball Parent Authorization

Player Information

Name of Player

Date of Birth

Address

City / State / Zip

Parent / Guardian Information

Name of Parent/Guardian

Phone Number

Alternate Emergency Contact

Relationship to Player

Emergency Contact Phone

Medical Information

Allergies or Medical Conditions

Insurance Company

Policy Number

Physician Name & Phone

Authorization

I, the undersigned parent/guardian, do hereby authorize my child to participate in the Little League Baseball program. In case of emergency, I authorize the Little League officials to provide and/or seek necessary

medical treatment at my expense. I agree to abide by the rules and regulations of the league.

Signature of Parent/Guardian

Date
