

# Umpire Medical Release Form



Mundelein Baseball and Softball Association, PO Box 606 Mundelein, IL

[www.mbsaonline.org](http://www.mbsaonline.org)

FULL NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AGE: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMERGENCY CONTACT : \_\_\_\_\_

EMERGENCY CONTACT PHONE: \_\_\_\_\_

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

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

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

KNOWN MEDICAL CONDITIONS: \_\_\_\_\_

MEDICATIONS: (PLEASE LIST BELOW)

LAST TETANUS IMMUNIZATION: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## PARENT AUTHORIZATION:

I\We know that participation in baseball or softball as an umpire may result in serious injuries and that protective equipment does not prevent all injuries, and do hereby waive, release, absolve, indemnify and agree to hold harmless Mundelein Baseball and Softball Association, Fremont Township and the Mundelein Park & Recreation District, and their organizers, sponsors, participants and persons transporting my\our child to and from activities, for any claim arising out of any injury to my\our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

In case of emergency, if parent\guardian can not be reached, I hereby authorize Mundelein Baseball and Softball Association to seek necessary medical treatment. If family physician cannot be reached, I hereby authorize my child to be treated by another physician that is available.

Date: \_\_\_\_\_ Parent\Guardian Signature: \_\_\_\_\_