

# Silver State Cal Ripken Baseball League



**Each Player Must Have a Completed/Signed Form on File**

Name of Player: \_\_\_\_\_ Players Age: \_\_\_\_\_

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

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

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

List of any allergies: \_\_\_\_\_

Required Medication: \_\_\_\_\_

Name of League: Silver State Cal Ripken League Accident Insurance: K&K Insurance

League Accident Insurance Policy No. SPP-30722-00

In case of an accident or illness, I hereby authorize a representative of Babe Ruth League, Inc. to use his/her judgment in obtaining immediate Medical Care.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*(parent or guardian)*

Daytime Phone # ( ) \_\_\_\_\_ Home Phone # ( ) \_\_\_\_\_

Cellular Phone # ( ) \_\_\_\_\_ Other Phone # ( ) \_\_\_\_\_

Primary Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Secondary Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Tertiary Health Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this will make immediate treatment possible