



Santa Clarita Youth Baseball  
 27946 Henry Mayo Drive  
 Castaic, CA 91384  
 (661) 237-5010



information@santaclaritayouthbaseball.com

**CONSENT FOR TREATMENT**

**\*EACH PLAYER MUST COMPLETE AND HAVE SIGNED\***

NAME OF PLAYER/AGE \_\_\_\_\_

PARENT \_\_\_\_\_

ADDRESS (city,zip) \_\_\_\_\_

PHONE NUMBER/EMAIL \_\_\_\_\_

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

ALLERGIES \_\_\_\_\_

MEDICATIONS \_\_\_\_\_

*In case of an accident or illness, I hereby authorize a representative of Santa Clarita Youth Baseball to use his/her judgement in obtaining immediate medical care.*

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

INSURANCE/POLICY # \_\_\_\_\_

*Please note that parents will be reached should illness or injury occur as quickly as they can be reached. This form shall be emailed/mailed to the above address prior to the first day of practice.*