



Santa Clarita Youth Baseball  
 27946 Henry Mayo Drive  
 Castaic, CA 91384  
 (661)513-1544



**SANTA CLARITA YOUTH BASEBALL  
 CONSENT FOR TREATMENT**

*\*Each player must complete and have signed\**

Name of Player/Age \_\_\_\_\_

Parent \_\_\_\_\_

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

Contact Telephone \_\_\_\_\_

Family Physician \_\_\_\_\_

Allergies \_\_\_\_\_

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

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

Please sign and date \_\_\_\_\_

Emergency contact # \_\_\_\_\_

Insurance/Policy \_\_\_\_\_

Please note that parents will be reached should a serious illness or injury occur as quickly as they can be reached.

These forms shall be submitted to the player's manager and/or designated team volunteer prior to the first practice of the season. The manager and/or team volunteer shall submit completed forms for their team to SCYB's Player/Staff Development or Athletic Injury Management Specialist.