

GOLD GLOVE BASEBALL, INC.
2011
Registration Form

| | | | |
|------------------|-------------------|---------------|----------------------|
| Last name | First name | Middle | Date of Birth |
|------------------|-------------------|---------------|----------------------|

Street address, City, Zip Code

| | | |
|---------------------|-------------------------|-----------------------|
| Phone number | School and Grade | Team /Division |
|---------------------|-------------------------|-----------------------|

| | | | |
|---------------------|-------------------------|---------------------|-------------------|
| Father _____ | Work phone _____ | Mother _____ | Work _____ |
| | Cell phone _____ | | Cell _____ |

MEDICAL INFORMATION AND PERMISSION

I/We do hereby authorize any person in a responsible position within the Gold Glove Baseball, Inc. program, in the event of an emergency, to authorize emergency medical treatment for my child named herein. I/WE agree to hold harmless such persons and such emergency care centers and to assume financial responsibility for said treatment.

Family Doctor: _____ **Phone:** _____

Insurance Company: _____ **Policy No.** _____

Allergies or Medical Restrictions:

Medical/Surgical History: Please list and explain all major medical information (i.e. surgery, hospitalizations, asthma) within last year to aid in treatment. Use back of form if necessary.

Medications taken on a daily basis: _____

Parent/Guardian
Signature _____ **Date** _____

State of Texas, County of _____

This instrument was acknowledged before me on _____ **by** _____
Parent/Guardian

Signature of Notary _____ **Commission expires:** _____