

**GOLD GLOVE BASEBALL, INC.**  
**2010**  
**Registration Form**

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<b>Last name</b>	<b>First name</b>	<b>Middle</b>	<b>Date of Birth</b>
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**Street address, City, Zip Code**

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<b>Phone number</b>	<b>School and Grade</b>	<b>Team /Division</b>
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<b>Father</b> _____	<b>Work phone</b> _____	<b>Mother</b> _____	<b>Work</b> _____
	<b>Cell phone</b> _____		<b>Cell</b> _____

**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:** \_\_\_\_\_