

Carolina Elite Baseball, LLC

EMERGENCY INFORMATION & CONSENT

(ONE FOR EACH ATHLETE)

Athlete's Name _____ Nickname _____

Address _____
Street Address City State Zip

Phone _____ Work Phone _____ Email _____

Father's Name _____

Address _____

(ONLY IF DIFFERENT FROM ABOVE)

Employer _____

Phone _____ Work Phone _____ Email _____

Mother's Name _____

Address _____

(ONLY IF DIFFERENT FROM ABOVE)

Employer _____

Phone _____ Work Phone _____ Email _____

Family Medical Insurance:

Carrier _____ Group: _____

Policy#: _____ Group #: _____

Family Physician's Name _____

Physician's Address _____

Physician's Phone _____ Email _____

Allergies (list): _____

Serious Medical Conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by Carolina Elite Baseball, LLC to provide my child _____ any necessary medical care as a result of any injury/illness. This consent includes First Aid and transportation to/from health care providers.

Date Father's Signature Mother's Signature

Emergency Contact Name(s) and Phone Number(s): Please list alternate contacts if we cannot reach parents.

