

**NORTH DES MOINES GIRLS SOFTBALL, INC.
EMERGENCY INFORMATION AND CONSENT FORM
*** TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN *****

PLAYER'S NAME: _____ **AGE:** _____

PARENT (S): _____

PHONE NUMBERS WE SHOULD HAVE TO REACH YOU:

HOME: _____ **WORK:** _____

DAD'S CELL: _____ **MOM'S CELL:** _____

MEDICAL/ALLERGY PROBLEMS? Yes No

PLEASE SPECIFY: _____

DOCTOR'S NAME: _____

CONTACT LENSES WORN? Yes No **DENTIST'S NAME:** _____

SISTER IN LEAGUE? Yes No **HOSPITAL OF CHOICE:** _____

If injury or accident involving your child occurs, and we are unable to locate you through the above information, you authorize **EMERGENCY TREATMENT** for them at the above named hospital, by the above named physician, or dentist, or by the staff **EMERGENCY PHYSICIAN** on duty at the time.

Signature of parent or guardian: _____ Date: _____

ADDITIONAL INFORMATION: