

Surry County Cal Ripken League
20__ Application

Child's Name _____
Last First Middle Initial

Date of Birth _____

Elementary School Attended _____

Street Address _____
Physical Location of Residence

Mailing Address _____
(if different from street address)

Telephone Number _____
In case of an emergency

Should your child be rushed to the emergency room in case of any type of sting from a bee; wasp, yellow jacket, etc.? _____

Does your child have an allergic reaction to penicillin? _____

Is your child allergic to any other drugs or medications? _____

List all others. _____

List any type of medical condition your child has which league representatives should be aware. _____

The information listed above is correct. I do hereby give my child permission to participate in the Surry County Cal Ripken League Baseball program and will abide by the rules stated in the By-Laws of the Surry County Cal Ripken League. In case of an accident, I will not hold the Surry County Cal Ripken League or any of its representatives liable. If, while participating in any activities of the Surry County Cal Ripken League, a medical emergency arises involving my child and I cannot be reached at the telephone number listed above, I do hereby give permission to the physician selected by the Surry County Cal Ripken League representative to examine, hospitalize, secure proper treatment for and order injection, anesthesia or surgery for my child named above.

Parent or Legal Guardian's Signature Date

Parent or Legal Guardian's Signature Date

(For league use only)
Child's League age for 20__ season _____ Selected by: _____