

Panther Baseball Club, Inc.
W3035 Edgewood Trail (Hwy JJ) - Appleton, WI 54913
MEDICAL RELEASE

Player: _____ Team _____

Date of Birth: _____ Gender (M/F): _____

Parent (s)/Guardian Name: _____ Relationship: _____

Parent (s)/Guardian Name: _____ Relationship: _____

Player's Address: _____ City: _____

State/Country: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Family Physician: _____ Phone: _____

Address: _____ City: _____ State/Country: _____

Hospital Preference: _____

Parent Insurance Co: _____

Policy No.: _____ Group ID#: _____

If parent(s)/guardian cannot be reached in case of emergency, contact:

Name: _____

Phone: _____ Relationship to Player: _____

Name: _____

Phone: _____ Relationship to Player: _____

Please list any allergies/medical problems, including those requiring maintenance medication.
(i.e. Diabetic, Asthma, Seizure Disorder)

| Medical Diagnosis | Medication | Dosage | Frequency of Dosage |
|-------------------|------------|--------|---------------------|
| | | | |
| | | | |
| | | | |

Date of last Tetanus Toxoid Booster: _____

Any other Medical Notes: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Panther Baseball Club, Inc
Medical Treatment Consent For Minors

Dear Parent or Guardian: This card should be presented to the attending physician if your child is in need of medical treatment during your absence. Have each of your minor children (through age 18) carry a card with them or have it available when you are absent. This card will prevent delay of treatment for your child because of lack of proper authorization. Individual hospitals, or physician offices may require additional authorization.

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child:

_____ (child's name)

in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital or physician office and both physician and nursing personnel within the hospitals or physician office(s) as well as any physician where treatment is rendered in the hospital or physician office, medical authorities and physicians for performing medical procedures acting on the authority of this medical treatment consent form which are deemed necessary to my minor child.

Signature of Parent or Legal Guardian Date

Panther Baseball Club, Inc.
Individual Registration/Waiver Form

Name: _____

Waiver must be SIGNED to participate in Panther Baseball. Children 17 & under need Parent or Legal Guardian signature.
RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT AGREEMENT In consideration of being permitted to participate in any way in the activities ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin and/or I/ THE MINOR'S PARENT AND/OR LEGAL GUARDIAN ACKNOWLEDGE, agree, and represent that I understand the nature of Activities and that I/The minor am/is qualified, in good health, and in proper physical condition to participate in such Activity. I/The minor further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. **FULLY UNDERSTAND THAT: ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");** (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;** (c) there may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I/The minor incur as a result of my participation or that of the minor in the Activity. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** Panther Baseball Club, Inc, their respective administrators, directors, board of directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT** I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim. I **HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.** Also, I waive(s) all rights to any photos taken for use in any Panther Baseball Club, Inc. publication.

Participant's Signature (only if age 18 or over) or Parent/Legal Guardian:

_____ Date: _____