

# HEB'S PERFORMANCE BASEBALL

## Participant Information Agreement

### Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: M / F  
Address: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
City, State Zip: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Previous Team: \_\_\_\_\_

### Parent Information

Primary Contact:

Primary Contact:

Name: _____	Name: _____
Address: _____	Address: _____
City, State Zip: _____	City, State Zip: _____
Home: _____	Home: _____
Cell: _____	Cell: _____
Work: _____	Work: _____
Email: _____	Email: _____

### Liability Release Form

#### Heb's Performance Baseball / JSH Northwest, LLC and affiliates Liability Release Form (Read Before Signing)

In consideration of being allowed to participate in any way in any Heb's Performance Baseball / JSH Northwest, LLC and affiliates programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk of personal injury it does exist, and:
2. I KNOWLINGLY AND FREELY ASSUME ALL SUCH RISKS. both known and unknown. EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation: and:
3. I willing agree to comply with the stated customary terms and condition for participation. If however I observe any unusual significant hazards during my presence or participation, I will remove myself and my child from participation and bring such to the attention of the nearest official immediately, and:
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next to kin, HEREBY RELEASE AND HOLD HARLMESS, Heb's Performance Baseball / JSH Northwest, LLC and Affiliates, their members, officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, and if applicable, owners and leasers of the premises used to conduct the event("RELEASEES"), WITH REPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss and/or damages to person or property, WHETHER, ARISING FROM THE NEGLIGENCE OF THE RELEASEES' OR OTHERWISE, to the fullest extent permitted by law.

This is to certify that I, \_\_\_\_\_, participant, parent or legal guardian, or personal representatives, or next of kin of the participate named above: hereby grant my permission to Heb's Performance Baseball / JSH Northwest, LLC and Affiliates, manager, coach, official, employee, or supervisor on duty, to obtain emergency medical care from any licensed physician, hospital, or medical clinic for my child in the case of any emergency that they think requires immediate medical attention. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARY WITHOUT INDUCEMENT.

Participant: \_\_\_\_\_

Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

# Medical Release Form

Hospitals may be reluctant to treat or care for children without consent from parents or legal guardians. This can cause problems if the child has a medical emergency when parents or guardians are not readily available to consent. Please, complete this form and leave it with the person who is responsible for your child in your absence. In case of a medical emergency, this form should be brought with the child to the hospital.

I, \_\_\_\_\_, the natural parent / legal guardian of \_\_\_\_\_, authorized and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when, in the sole discretion of the attending physician, such care, treatment and procedures are immediately necessary or advisable in the interest of my child's health and well-being, and it is not advisable in advance of the nature and character of the proposed treatment, its anticipated results, possible alternatives, and the risks, complication and anticipated benefits involved in the proposed treatment and the alternative forms of treatment, including not-treatment.

Signature of Parent / Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Date: \_\_\_\_\_

## Personal Information

Date of last Tetanus Booster: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Allergies and Drug Reactions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Other Medical Information: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_

## Physician/Insurance Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Employer: \_\_\_\_\_

Membership #: \_\_\_\_\_ Group: \_\_\_\_\_

## Persons to contact in case of emergency

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_