



South End Hurricanes Baseball Club

Competitive Baseball for 10 to 18 year olds.

Club Line: 253-753-1112 Email: info@secanes.com
www.southendhurricanes.com

Medical Information Form and Release

Players Name: _____ DOB: _____

Parents Name: _____ Phone: _____

Parents Name: _____ Phone: _____

Emergency Contact & Phone: _____

Physicians Name: _____ Phone: _____

Known Allergies / Medical Conditions or Other Instructions

Our coaches will carry First Aid kits, are there any medical items that you will need to be included in the kit?

In the event of an emergency, I give the coaching staff of the South End Hurricanes permission to make medical decisions for my child until I am able to be contacted. Neither I, nor my child will hold the South End Hurricanes Club and/or staff liable for any injuries or expenses relating to injuries while my child is playing for the Hurricanes.

Parent Name

Signature

Date