

**CVHAA**  
**PATRIOTS BASEBALL**

**Player Information Form 2022-23**

Player's Full Name: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_ Grad Year: \_\_\_\_\_ Ht/Wt: \_\_\_\_\_/\_\_\_\_\_

Jersey Size (YL,XS,S,M,L,XL,2XL): \_\_\_\_\_ Hat Size(XS/S,S/M,L/XL): \_\_\_\_\_

Co-op day(s) and ending time(s): \_\_\_\_\_

Parent Name(s): \_\_\_\_\_

Parent Cell/Text Number(s): \_\_\_\_\_

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

**Medical Release**

In the event of any injury or emergency, if I or my emergency contact cannot be notified, I authorize the Individual(s) in charge to obtain medical treatment for my child as deemed necessary by competent medical personnel. Additionally, I understand that I am fully responsible for any and all charges incurred due to such treatment.

Medications taken: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Any other pertinent medical history: \_\_\_\_\_

\_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Emergency contact (other than parent): Name \_\_\_\_\_

Relationship to Player: \_\_\_\_\_ Phone: \_\_\_\_\_

**PARENT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_