



Louis DiGrigorio  
President

Raymond Preston  
Vice President

Billy Pachamango  
Director of Public Relations

Missy Smith  
Treasurer



### BAYSHORE BABE RUTH LEAGUE CONSENT FOR TREATMENT WAIVER

**Each Player must complete and have signed:**

Name of Player: \_\_\_\_\_ Player's Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List of Any Allergies: \_\_\_\_\_

Required Medication: \_\_\_\_\_

Other Medical Issues: \_\_\_\_\_

In case of an accident or illness, I hereby authorize a representative of Bayshore Babe Ruth League (BBRL) to use his/her judgment in obtaining immediate Medical Care.

Date: \_\_\_\_\_ Signed: \_\_\_\_\_  
*(Parent or Guardian)*

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Parents Health Ins. Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

(Parents will be notified in case of serious illness or injury immediately, but this will make immediate treatment possible).

Contact information for league members can be found at  
<http://www.bayshoresportsandrec.com> or [www.facebook.com/bayshoresportsandrec](http://www.facebook.com/bayshoresportsandrec)



Bayshore Babe Ruth League Inc.

