

Rapids Baseball Incorporated

Name _____ Team Name _____

Tournament Date _____

CONSENT TO TREATMENT LIMITATION AND WAIVER OF LIABILITY

In consideration of our son's participating in the above named tournament hosted by RBI, we agree as parents and/or legal guardians of _____ do hereby agree to limit the liability of RBI, its employees, agents, officers, staff and any consulting physicians, to the coverage of the medical insurance policy covering participants in the named tournament, which coverage may change from time to time. I/we further agree to waive all liability of RBI, its employees, agents, officers, staff and physicians, for any accident, injury (including death), illness or other mishap which might befall the above-named player/participant while traveling to or from, or during his attendance at the tournament, which is not covered by said medical insurance policy. Further, I/we hereby grant permission to the staff and consulting physicians of RBI, any medical or surgical consultant deemed advisable, and any hospital to render to the above-named participant any medical and surgical treatment that they deem necessary. I/we understand that all possible effort will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (printed) _____ Signature _____

Day Telephone: (_____) _____ Night Telephone: (_____) _____

Emergency Contact: _____ Emergency Telephone: (_____) _____

PLAYER'S HEALTH FORM

To be completed and signed by the player's parents or legal guardian

____ Asthma ____ Diabetes ____ Heart Disease ____ Rheumatic Fever ____ Bleeding Disorders ____ Convulsions/Seizures ____
Head Injury/Concussions

Allergies to Drugs: _____ Allergies to Foods: _____ Last

Tetanus Immunization (date): _____ Current Medications: _____

Chronic or Recurring Illnesses: _____

Operations/Injuries (include dates): _____

Physical Restrictions*: _____

Physician Telephone (_____) _____ Dentist Telephone (_____) _____

Medical Insurance _____ Policy Number _____

PARENT AUTHORIZATION FOR RELEASE OF INFORMATION

This health history is correct to the best of my knowledge and my son has my permission to participate in tournament activities with the exception of those noted above*. I authorize RBI or the team manager, coach or their agents to release medical information regarding the above named participant to interested parties including parents and family physician.

Parent or Legal Guardian Must Sign Here: _____

I have read and I understand the tournament rules and will include a copy (front and back) of an insurance card for my son.

Parent or Legal Guardian Must Sign Here: _____

**COPIES OF THE FRONT AND BACK OF THE
MEDICAL INSURANCE CARD MUST BE
SUBMITTED WITH THESE MEDICAL FORM**

RBI Tournament Medical Information Sheet

Please provide the following medical information for your son:

Primary emergency contact (Name, relationship, phone number)

Name
Relationship
Phone Number

Secondary emergency contact (Name, relationship, phone number)

Name
Relationship
Phone Number

Allergies (medication, food, bee sting, poison ivy, etc.) Please describe the nature of the reaction (rash, hives, difficulty breathing, etc.)

Injury history (eg. recent sprains, fractures):

Medical conditions (eg. asthma, diabetes, cardiac disorders, seizure disorders)

Medications currently taking

Date of last tetanus shot (month/year)

**COPIES OF THE FRONT AND BACK OF THE
MEDICAL INSURANCE CARD MUST BE
SUBMITTED WITH THESE MEDICAL
FORMS**

RBI AGREEMENT

RBI tournaments are hosted and run by some or all of the coaching staff of James River High School, and tournaments may be held at James River High School (JRHS) and use some of the JRHS's facilities. However, the tournament is not sponsored or run by JRHS, and any or all of the JRHS coaching staff are not employees or agents of JRHS in their capacity for operating the tournament.

Please read the following agreement carefully before signing. Although tournament participation is encouraged, it is encouraged only if health and safety are considered.

CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that a risk of participating in any sport, including baseball, is the risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my son to obey all safety rules and to report fully any problems related to his physical condition to his team and/or RBI coaches or assistants as soon as the problem begins.

2. By signing below, I certify the following: --That my son is not currently under the care of a physician for an injury or illness that would prevent his safe participation in the tournament;

--That my son is not currently being treated for or recovering from an orthopedic injury that would prevent his safe participation in the tournament;

--That my son has no history of fainting or other problems related to strenuous exercise; and

--That my son is in good health and there is no reason he cannot safely participate in strenuous physical activity.

Parent/Guardian Signature _____ Date: _____

CONSENTS:

1. By my signature below, I hereby give permission for _____ (team name) and its agents to obtain medical treatment for my son, _____, in the event of accident or illness while attending the tournament.

2. By my signature below, I hereby give consent to have my son be photographed or video-or audio-taped during tournament activities, and I agree that the images so obtained may be used for educational and public relations purposes by RBI.

Parent/Guardian Signature _____ Date: _____

RELEASE:

1. In consideration for accepting my son to play in the tournament, which uses JRHS facilities, I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my son as a result of his participation. I also certify that I have health insurance which provides adequate coverage for injuries or illness my son may sustain while participating.

2. By my signature below, I also agree to release and promise not to sue JRHS, Chesterfield County or its School Division, RBI, or their employees or agents, for any damages, loss, injury, or death arising from my son's participation in the tournament, unless such damages, loss, injury, or death are caused by willful and wanton conduct of such employees or agents.

Parent/Guardian Signature _____ Date: _____

**COPIES OF THE FRONT AND BACK OF THE
MEDICAL INSURANCE CARD MUST BE
SUBMITTED WITH THESE MEDICAL
FORMS**