

**BAYSIDE (N.Y.) YANKEES**

MEMBERS OF:  
LONG ISLAND BASEBALL CONFERENCE  
NATIONAL AMATEUR BASEBALL FEDERATION  
AMERICAN AMATEUR BASEBALL CONGRESS

84-10 120TH Street  
Kew Gardens, N.Y. 11415

718 - 441-3757

**MEDICAL RELEASE**

**Parent or Guardian's Authorization:**

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

In case of emergency, if family physician cannot be reached, I hereby authorize

\_\_\_\_\_  
(Player's name)

\_\_\_\_\_  
(Date of birth)

To be treated by another qualified, licensed physician who is available.

Family Physician \_\_\_\_\_ Phone# \_\_\_\_\_

\_\_\_\_\_  
Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

ALLERGIES: \_\_\_\_\_

BLOOD TYPE: \_\_\_\_\_

Date of last Tetanus Toxoid Booster \_\_\_\_\_

Signed: Mr. / Mrs. \_\_\_\_\_

MEDICAL PLAN:

\_\_\_\_\_  
NAME (ON PLAN):

\_\_\_\_\_  
ID #

\_\_\_\_\_  
GROUP #