

**T-BALL/COACHES PITCH
GRACE BRETHREN CHURCH OF WOOSTER, OHIO
MEDICAL RELEASE AND PHYSICIAN'S CONSENT FORM**

Last Name	First Name	Middle	Age
Street Address			
City	State	Zip Code	Home Phone
School and Grade			Emergency Contact and Phone Number
Personal Physician			Personal Physician's Phone

MEDICAL AND PHYSICAL HISTORY

Heart History			Back/Spinal History			Orthopedic History		
	Yes	No		Yes	No		Yes	No
Heart Pains	<input type="checkbox"/>	<input type="checkbox"/>	Back Problems	<input type="checkbox"/>	<input type="checkbox"/>	Joint Conditions	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	Cervical	<input type="checkbox"/>	<input type="checkbox"/>	Limited Motions	<input type="checkbox"/>	<input type="checkbox"/>
Slow Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	Dorsal	<input type="checkbox"/>	<input type="checkbox"/>			
Irregular Heart Rate	<input type="checkbox"/>	<input type="checkbox"/>	Lumbar	<input type="checkbox"/>	<input type="checkbox"/>			
Heart Murmur	<input type="checkbox"/>	<input type="checkbox"/>	Weak Posture	<input type="checkbox"/>	<input type="checkbox"/>			
Heart Defect	<input type="checkbox"/>	<input type="checkbox"/>	Scoliosis	<input type="checkbox"/>	<input type="checkbox"/>			
Respiratory History			Other Conditions			Physician's Care		
	Yes	No		Yes	No		Yes	No
Respiratory Condition	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	My Child is currently under a physician's care.		
Wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Type _____					
Breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	(e.g., bee, pollen, medications)			Reasons _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Food Intolerances	<input type="checkbox"/>	<input type="checkbox"/>	_____		
			ADHD	<input type="checkbox"/>	<input type="checkbox"/>			
			Diabetic	<input type="checkbox"/>	<input type="checkbox"/>			
			Hypoglycemic	<input type="checkbox"/>	<input type="checkbox"/>			
			Hernia	<input type="checkbox"/>	<input type="checkbox"/>			
			Taking Medication	<input type="checkbox"/>	<input type="checkbox"/>			

CONSENT

I, the undersigned parent or legal guardian of the child named above am aware that there are certain risks of injury involved in any sport or recreational activity. Bearing this in mind and with full knowledge of the physical capabilities or limitations of my child, I hereby agree to assume for my child such risk of injury.

I do hereby agree to abide by the policies set forth by the Coaches Pitch league and release the Grace Brethren Church of Wooster, OH and the instructors of all liability related to any and all injuries or accidents which may occur as a result of participation in this program.

_____ Date

_____ Signature of Parent or Legal Guardian