SEYO

Baseball Registration and Emergency Medical Treatment Form

COPY OF THIS FORM MUST BE RETAINED AND AVAILABLE AT
HIS OR HER ACTIVITY BY SUPERVISING SEYO REPRESENTATIVE

Organization _____ Last Year's Coach _____

Please Circle Division: T-Ball (5-6) ~ PeeWee Lower (7-8) ~ Pee Wee Middle (8-9)
Pee Wee Upper (9-10) ~ Midget Lower(11) ~ Midget Upper (12)
~ Jrs (7^{th}/8^{th} Grade) ~ Srs (Freshman to Seniors)

Player's Name: _____ Birthday: _____

Address: _____ ___City _____Zip_____

Telephone: (____) _____ Home: (____) _____

Email Address: _____

Parent's Name: _____ Father or Guardian_____ Mother or Guardian

WE (I), the parent(s) or guardian(s) of the above-named child, hereby register him or her for participation in the SEYO baseball program and fully agree to the rules and regulations of the South East Youth Organization and do hereby release SEYO, its officers, members, and the managers and coaches from any liability as agreed in the application and registration for SEYO membership.

I (We), the parent(s) or guardian(s) release South East Youth Organization from all responsibilities for injuries of any nature incurred while participation in and SEYO activity(s) program. I (We) understand that medical insurance is my (our) responsibility.

Emergency Medical Treatment

In the event _____ (player's name), becomes ill or sustains an injury while in the care of or under the supervision of the managers, coaches or other SEYO representatives, they are given permission to administer first aid for his or her relief. If it is not practical to return him or her to us or to receive our instructions for his or her care, consent is given to any licensed physician and or surgeon called, or to whom our child is taken for treatment by the, to administer such treatment, drugs, and medicines and to perform such surgical procedures as he shall think the existing emergency requires for the relief of pain and to preserve his or her life and health.

Family Doctor: _____ Phone: (____) _____

Address: _____

Drug Allergies (If any): _____

I have read, understood and agreed to the above.

_____ _____
Signature of Parent or Guardian Date