



PLYSA
Consent for Treatment

#1 League Records

Each player must have both copies signed

Name of Player: _____ **Players Age:** _____
Home address: _____
City: _____ **State:** _____ **Zip Code:** _____
Family Physician: _____ **Phone:** _____
Medical History: _____
Medications: _____
List of Allergies: _____
Name of League: (Plumas Lake Youth Sports Assoc.)
League Accident Insurance Company: K&K Insurance Group, INC.
League Accident Insurance Policy Number: RPG0001780500

In case of accident or illness, I hereby authorize a representative of the Plumas Lake Tiny T-Ballers League or the Plumas Lake Youth Sports Association to use his/her judgment in obtaining immediate medical care.
Date: _____ Signed: _____
(parent or guardian)
Phone: _____ Cell: _____
Parents will be notified of illness or injury as quickly as they can be reached.



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Consent for Treatment

#2 Team Book Copy

Each player must have both copies signed

Name of Player: _____ **Players Age:** _____
Home address: _____
City: _____ **State:** _____ **Zip Code:** _____
Family Physician: _____ **Phone:** _____
Medical History: _____
Medications: _____
List of Allergies: _____
Name of League: (Plumas Lake Youth Sports Assoc.)
League Accident Insurance Company: K&K Insurance Group, INC.
League Accident Insurance Policy Number: RPG0001780500

In case of accident or illness, I hereby authorize a representative of the Plumas Lake Tiny T-Ballers League or the Plumas Lake Youth Sports Association to use his/her judgment in obtaining immediate medical care.
Date: _____ Signed: _____
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Phone: _____ Cell: _____
Parents will be notified of illness or injury as quickly as they can be reached.