



“For no other foundation can anyone lay than
that which is laid, which is Jesus Christ”
(1 Corinthians 3:11; Ephesians 2:19-20)

**MEDICAL & LIABILITY
RELEASE FORM**

Name: _____ DOB ____/____/____

Parent's Name(s): _____

Address: _____ house/apt# Street City zip

Home Phone: _____ Cell phone: _____

Email Address: _____

Church: _____

In the event of any injury or emergency, if I or my emergency contact cannot be notified, I authorize the individual(s) in charge to obtain medical treatment for my child as deemed necessary by competent medical personnel. Additionally, I understand that I am fully responsible for any and all charges incurred due to such treatment. Should your child be injured, we hereby release and discharge New Life in Christ Church and its agents and employees, as well as the New Life in Christ Baseball League, from any claim which we may have as a result of your child being injured during the 2026 baseball season, knowing that potentially dangerous activities will be involved. Every effort will be made to ensure the safety of all participants.

☞ Medications taken: _____

☞ Known allergies: _____

☞ Any other pertinent medical history: _____

☞ Doctor's name: _____

☞ Doctor's phone: _____

☞ Doctor's address: _____

☞ Insurance Information: Provider: _____ Policy #: _____

☞ Emergency contact (other than parent): Name: _____
Phone: _____

PARENT'S SIGNATURE: _____

DATE: _____