



CLCF Baseball

Cranston Cal Ripken Baseball • Cranston, Rhode Island

2015 PLAYER INFORMATION FORM

EMERGENCY CONTACT INFORMATION

Child's Name		Child's School	
Primary Emergency Contact		Relationship	
Home Phone		Cell/Work Phone	
Secondary Emergency Contact		Relationship	
Home Phone		Cell/Work Phone	

MEDICAL INFORMATION

Does your child have any allergies? ☐ Yes ☐ No

If yes, please list: _____

Does your child have any medical conditions, such as asthma or diabetes? ☐ Yes ☐ No

If yes, please describe: _____

Does your child take any medications? ☐ Yes ☐ No

If yes, please list: _____

Does your child have any medical condition, disability or special needs that may limit or affect his/her participation or interaction with others in the CLCF Baseball program? ☐ Yes ☐ No

If yes, please describe: _____

In case of emergency, I authorize my child to be cared for by certified emergency personnel, and if necessary, be transported to a hospital for emergency care. ☐ Yes ☐ No

Hospital Preference: _____

You consent to the disclosure of this information as necessary and appropriate to ensure the health and safety of the persons associated with CLCF Baseball. CLCF will disclose this information only to the extent necessary to fulfill this purpose.

SPECIAL CIRCUMSTANCES

Are there any active restraining orders, or persons who may not pick up or have contact with your child?

☐ Yes ☐ No

If yes, please contact the Baseball Chairperson to discuss confidentially (contact@clcfbaseball.com).

MEDIA RELEASE FORM

I grant permission to CLCF Baseball to use my child's image (photographs and/or videos) for use in CLCF Baseball media publications including Facebook, Twitter, and clcfbaseball.com.

☐ Yes ☐ No

Signature: _____ Date: _____