

AMERICAN LEGION BASEBALL PLAYER'S
EMERGENCY INFORMATION LIABILITY RELEASE

This will certify that I, _____, (Parent) or (Guardian)
Of _____, having been requested to furnish all of the
information shown on ALB Form No.2, and to execute the same, decline to do so
and decline to grant permission for the emergency medical treatment of
_____, by a doctor of medicine and decline to grant
permission to any person to administer an anesthetic in the event of a medical
Emergency to _____, on the grounds that such actions are contrary to my and
his religious beliefs and teachings.

This will further certify that I hereby release and forever discharge the
American Legion, its members, its agents, its representatives, and its
employees from any and all liabilities of any nature whatever from any injury
or harm or complication of any kind that may result, directly or indirectly,
by reason of my refusal and failure to grant the permission for emergency
medical treatment and for the administration of an anesthetic to
_____, and my refusal and failure to furnish all of the information requested on the
reverse side of this card by my refusal and failure to
execute same.

Date of Signature: _____

(Signature of Parent or Guardian)

AMERICAN LEGION BASEBALL PLAYERS EMERGENCY INFORMATION CARD

Player's Name _____ Birth Date _____

Parent's Name _____

Home Address _____

Home Phone _____

Family Physician _____

Address _____ Phone _____

Hospitalization Insurance _____

Date of last physical examination _____

History of Diabetes or Epilepsy _____

Allergies to Sulfa, Penicillin, etc. _____

Parent's Permission to Administer Anesthetic and/or Emergency Treatment as

Required: YES _____ NO _____

Signature of Parent or Guardian _____

Date of Signature _____