



# ATLANTIC BASEBALL CONFEDERATION

## ABC COLLEGIATE LEAGUE JERSEY SHORE FALL BASEBALL

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### **2012 ABCCL Player Emergency Contact Information**

PLEASE PRINT CLEARLY

**Name of Player:** \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ Physician Phone: (\_\_\_\_) \_\_\_\_\_

Physician Address: \_\_\_\_\_

**First Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

**Second Emergency Contact:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Work Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

Please list any medical condition and or medication taking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, I hereby authorize treatment by certified emergency personnel, E.M.T., First Aid, First Responder, E.R. and when necessary hospital staff.

\_\_\_\_\_  
**Players Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date