

**RBI PROGRAM APPLICATION AND MEDICAL CONSENT FORM**

Attach Photos Here.  
Two (2) head shots

BASEBALL  
 SOFTBALL

JUNIOR DIV  
 SENIOR DIV

\_\_\_\_\_  
LEAGUE NAME

**PLAYER INFORMATION**

Name \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date \_\_\_\_\_ School \_\_\_\_\_

Permanent Address: \_\_\_\_\_ Grade: \_\_\_\_\_  
(No.) (Street)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country of Origin: \_\_\_\_\_ How long have you lived in the United States? \_\_\_\_\_

Ethnic Origin:  Asian  Black  Hispanic  Native  American  Indian  White  Other \_\_\_\_\_

Name of Parent(s), Spouse, or Guardian (circle one): \_\_\_\_\_

Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip) (Country)

Telephone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Cell (\_\_\_\_\_) \_\_\_\_\_

In case of Emergency, Notify... ( if above person can't be reached listed above)

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

Address: \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip) (Country)

Telephone: Work (\_\_\_\_\_) \_\_\_\_\_ Home (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Physician or Clinic that you usually consult for medical care: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

**INSURANCE INFORMATION**

Health Insurance Name \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy Number \_\_\_\_\_ Subscriber Name \_\_\_\_\_ Subscriber Social Security # \_\_\_\_\_

**PERMISSION FOR TREATMENT IN CASE OF IMMEDIATE NEED**

If your son/daughter is a minor (under 18 years of age), you as a parent or legal guardian must sign this consent form so that the RBI Program can provide appropriate diagnosis and treatment and emergency health service procedures maybe promptly carried out with no unnecessary delay. Without a signed permission for treatment, your minor son/daughter cannot receive treatment unless his/her presenting condition is exempted from requiring parental consent and/or notification. Even with a signed permission for treatment, we will contact and fully inform you as parent or legal guardian before performing any major diagnostic/treatment procedure except in an emergency. It should be understood that under certain circumstances your son/daughter will be transported for diagnosis and treatment.

I certify that the foregoing information is true and complete to the best of my knowledge. I realize that the information that has been given in the medical history is confidential. I give my permission to the RBI Program to furnish such diagnostic, therapeutic, voluntary immunization, and operative procedures and transportation as may be deemed necessary for my son/daughter who is under the age of 18 years. I am aware that the practice of medicine is not an exact science, and I acknowledge that no guarantees have been made to me as to the result of treatment or examination.

\_\_\_\_\_  
Signature of Parent/Guardian Date \_\_\_\_\_

\_\_\_\_\_  
Player's Signature Date \_\_\_\_\_