



PO Box 870714
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www.wasillayouthbaseball.com

Parental Authorization and Medical Release Form

To Whom It May Concern:

This is to certify that I, (name of parent/guardian) _____, as the parent or guardian of (name of child/player) _____, a player on the (name of child's/player's team) _____ team, hereby grant permission to the adult manager, coach, trainer, or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local PONY Baseball, Inc. organization, PONY Baseball, Inc; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local PONY BASEBALL, INC organization, PONY BASEBALL, INC, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, upon request of league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

Insurance Company:

Policy or Certificate Number:

Signature of Parent or Legal Guardian:

Print Name of Parent or Legal Guardian:

Relationship to Player:

Date: _____