



JOSHUA BASEBALL AND SOFTBALL ASSOCIATION

PARENTAL AUTHORIZATION MEDICAL RELEASE FOR PARTICIPATION IN PONY BASEBALL OR SOFTBALL ACTIVITIES

I, as the parent or guardian of (player's name) _____, do hereby give my approval for their participation in any and all PONY BASEBALL or SOFTBALL league activities through Joshua Baseball and Softball Association. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent or legal guardian is available to grant authorization for emergency treatment.

I assume all risks and hazards incidental to my child's participation, including transportation to and from activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless Joshua Baseball and Softball Association, and Pony Baseball, Inc. the organizers, sponsors, supervisors, participants, and persons transporting the player to and from 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 the league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as received, except for normal wear and tear in league activities.

INSURANCE COMPANY _____

POLICY OR CERTIFICATE NUMBER _____

SIGNATURE OF PARENT/LEGAL GUARDIAN _____

PRINTED NAME OF PARENT OR LEGAL GUARDIAN _____

RELATIONSHIP _____ **DATE** _____