

## MEDICAL RELEASE FORM

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 organization league activities. I hereby grant my permission to managing personnel or other organization 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 organization 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 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 certified birth documentation for the player, upon request by organization 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 organization league activities.

Insurance Company:	
Policy or Certificate Number:	
Signature of Parent or Legal Guardian:	
Print Name of Parent or Legal Guardian:	
Relationship:	
Date:	