

Parent Medical Authorization and Release

I, the parent or legal guardian of _____ (Player), hereby approve and consent to participation of the Player in PONY BASEBALL, INC or ASA softball, league activities, including tryout/evaluation activities, (collectively, "Activities") of the Piedmont Baseball and Softball Foundation ("PBSF") and its affiliated leagues. I hereby grant permission to PBSF or other league representatives to authorize and obtain medical care, including emergency medical or dental treatment from any physician, hospital or medical clinic should the Player become ill or injured while participating in those Activities. I assume all risks and hazards incident to such participation and do hereby waive, release and hold harmless PBSF, any leagues affiliated with PBSF in their programs and their organizer, board members, officers, agents, coaches, sponsors, umpires, participants and person transporting the Player to and from Activities from any and all claims, demands, actions and uses of action ("Claims") arising out of any injury to the Player including any Claims by the Player. I represent that I have the authority to sign this Authorization and Release and contract to indemnify on behalf of myself and the Player.

Parent or Guardian Signature: _____ Date: _____

Parent or Guardian Name (printed) _____

Physician Information:

Name: _____

Address: _____

Phone Number: _____

Insurance Information:

Carrier: _____ Policy Number: _____

Name of Policy Holder: _____

Preferred Hospital: _____