



McLean County

PONY

P.O. Box 1779 Bloomington, IL 61702-1779 ♦ (309) 662-7669

www.MCPonyBaseball.com

**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. I hereby grant my permission to coaches, managing personnel and/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 nor 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, coaches, 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 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: _____

Date: _____