



**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 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 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: \_\_\_\_\_

Date: \_\_\_\_\_