



PARENTAL AUTHORIZATION/MEDICAL RELEASE

I, as the parent or guardian of _____, do hereby give my approval for their participation in San Marcos Youth Baseball's ("SMYB") Season. I hereby grant my permission to managing personnel and/or other SMYB 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 SMYB tournament 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 tournament activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless SMYB, 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 SMYB league officials.

Insurance Company: _____

Policy or Certificate Number: _____

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date: _____

