

**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 his/her 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 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 league organization, PONY BASEBALL/SOFTBALL, 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.

*Accident insurance for this player is provided by:*

\_\_\_\_\_  
(Insurance Company) (Policy or Certificate Number)

\_\_\_\_\_  
Signature of Parent or Legal Guardian Relationship Date