

O f f i c i a l
Pony Baseball and Softball
Medical Release Form

Parent /Guardian Medical & Liability Consent:

This is to certify that as the parent or guardian of (please insert the child's name)

(Player name)

(DOB)

(Address)

Hereby grant permission to the adult, manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone.

This authorization shall include all activities, including the period required to travel to and from Interior baseball organization and Pony Baseball Inc. the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claim arising out of an injury to the player.

Signed _____
Parent or / Guardian

Date

In case of an emergency contact:

Name Phone

Name Phone

A medical release form, signed by the player's parent or legal guardian MUST be provided, in advance of any participation, for each player on the team in order that physicians and hospitals will accept players for treatment in the event of illness or injury, where that parent(s) or legal guardian are not available.

Abraham Key
President/CEO
PONY Baseball and Softball