



SHARPSBURG YOUTH BASEBALL

TEAM MEDICAL RELEASE FORM

www.sharpsburgbaseball.com

I, the parent/guardians of the below named member of the Spring 2014 _____ team on behalf of my child, acknowledge that I am aware that baseball is a hazardous activity and that my child is voluntarily participating in baseball with full knowledge of the danger involved. I hereby agree to accept all risk of injury or death from this activity. I do further hereby waive, release, absolve, indemnify, and agree to hold harmless Sharpsburg Youth Baseball League, organizers, sponsors, supervisors, participants, umpires, coaches and volunteers for any claim arising out of injury or death to my child.

I hereby grant permission to the adult manager or assistant coach of the team to obtain medical care from any licensed physician, hospital, or medical facility for the player named below when neither parent nor guardian(s) can be contacted. This authorization shall apply to all league activities, including but not limited to transportation to and from any preseason or postseason function.

NAME OF PLAYER	SIGNATURE OF PARENT/GUARDIANS	KNOWN EXISTING MEDICAL OR PHYSICAL CONDITIONS OR ALLERGIES
1.		
2.		
3.		
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