

Youth Activities, Inc. Rome, Georgia

Medical Authorization and Liability Release Form (Please Print)

Player's Name _____ School you attend: _____ Age _____
Medical Condition: Does the above player have any disability, handicaps, present injuries or limitation, allergies, hemophilla, heart condition, history of respiratory illness or any other significant medical condition? Yes _____ No _____ if "Yes", please give details: _____
_____ Doctor _____ Phone _____

Youth Activities, Inc. ALWAYS attempts to reach the parent or legal guardian in the event of an emergency, medical or otherwise. In the event that either parent cannot be reached, our insurance carrier requires we have the name of an alternate that can pick up your child. It is preferable that this be a local resident, if possible.

**Emergency Authorization & Waiver of Liability and Disclaimer
Please Read Carefully and Sign**

I, the undersigned parent or legal guardian of the above player, hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. If there is an emergency and I cannot be reached, please contact the following individual who is hereby authorized to act on my behalf:

Alternate's Name _____ Phone _____

I, the undersigned parent or legal guardian of the above player, hereby acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that parents who volunteer their time rather than paid professionals primarily administer the programs of the Youth Activities, Inc. In consideration for accepting the registration of the above player and permitting the voluntary participation of said player in its programs, I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Youth Activities, Inc. Their directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lesses of premises used to conduct the event ("Release's"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This to include Youth Activities, Inc. sponsored events or practices, including any physical injury caused by the negligence of any official, umpire or coach while performing his/her duties during any practices or games and including physical injury occurring during transportation.

Publicity Consent

For both the internal and external use, I acknowledge that Youth Activities, Inc. may compile address and mailing labels and may utilize baseball photographs of the above named player. I consent to such uses and here waive all rights to compensation.

Signature of Parent or Legal Guardian _____ Date _____
Please Print Name _____ Relationship to Player _____