

OFFICIAL

PONY BASEBALL AND SOFTBALL

MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

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

_____ a player on the

_____ team, 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 those activities; and we hereby waive, release, absolve, indemnify and agree to hold harmless the local PONY Baseball and Softball organization, PONY Baseball, Inc., the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

SIGNED _____

RELATIONSHIP _____

DATE _____

INSURANCE COMPANY _____

POLICY OR CERTIFICATE NUMBER _____

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 tournament team in order that physicians and hospitals will accept players for treatment in the event of illness or injury, where the parent(s) or legal guardian are not available.

Abraham Key
President/CEO
PONY Baseball and Softball