



Simply Pure® Baseball Club

## PLAYER - MEDICAL RELEASE OF LIABILITY

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

MEDICAL CONCERNS: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_

HOME#: \_\_\_\_\_ MOBILE#: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

HOME#: \_\_\_\_\_ MOBILE#: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE#: \_\_\_\_\_

I/We the parents/guardians of the above named Club Player hereby give my/our approval to participate in any and all activities with regard to the Simply Pure® Baseball Club. I/we assume all risks and hazards incidental to such participation including transportation to and from activities and I/we do hereby waive, release and absolve, indemnify and agree to hold harmless the Simply Pure® Baseball Club and any coaches, organizers, sponsors, supervisors, participants and persons involved in any activities including transporting my/our child to and from activities from any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent and in amount covered by accident or liability insurance, if any. I/we the parents/guardians of the participant, a minor, do hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as agents for the undersigned to consent to medical, surgical or dental examination, treatment and/or care in case of emergency.

I/we hereby authorize care or treatment of registered player at any medical facility.

PARENT/GUARDIAN NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_