



EMERGENCY MEDICAL AUTHORIZATION AND WAIVER

PLAYER'S LAST NAME: _____ FIRST: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PARENT/GUARDIAN: _____ PARENT/GUARDIAN: _____
PRIMARY PHONE: _____ PRIMARY PHONE: _____
SECONDARY PHONE: _____ SECONDARY PHONE: _____

*for all phone numbers, please indicate cell (c), home (h), or business (b)

EMERGENCY AUTHORIZATION: I, the undersigned parent or legal guardian of the above player, a minor, hereby authorize the managers, coaches, team parents, the below named Emergency Contact and/or other Dana Point Youth Baseball (DPYB) officials, umpires, and volunteers to act as my agents in the capacity of activity supervisors and vehicle drivers, and to consent to medical, surgical or dental examination and/or treatment at my expense from any licensed physician, hospital, medical clinic, or emergency medical personnel. This authorization shall include all league activities, including but not limited to, travel to and from these activities.

DOCTOR'S NAME: _____ PHONE: _____
NAME OF EMERGENCY CONTACT: _____ PHONE: _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other medical conditions? [] YES [] NO

If yes, please specify: _____

DANA POINT YOUTH BASEBALL believes that all children should have the opportunity to play baseball regardless of race, color, national origin, ancestry, religion, gender, sexual identity, or disability. The League strives to promote an atmosphere of respect for and sensitivity to the dignity of every person. Therefore, Dana Point Youth Baseball does not discriminate against any person on the basis of race, color, national origin, ancestry, religion, gender, sexual identity, or disability in admission, treatment, or participation in its programs, services, and activities. No persons shall be excluded from participation in, or be denied the benefits of the league because of race, color, national origin ancestry, religion, gender, sexual identity, or disability.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I, the undersigned parent or legal guardian of the above player, a minor, for myself and on behalf of the above player, our heirs, assigns and next of kin, acknowledge that participation in youth baseball necessarily involves travel, play in adverse field conditions with considerable force by co-participants, bat or ball, and risk of severe and/or permanent injury including, but not limited to bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve or spinal cord injury, paralysis and death. For myself, and on behalf of the above player, our heirs, assigns and next of kin, we willingly and voluntarily accept and assume all risk.

For myself and on behalf of the above player, I further acknowledge that Dana Point Youth Baseball (DPYB) is primarily administered by volunteers rather than professionals. For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation including agreeing to a parents code of conduct and, if he/she or I observe any unusual significant concern in his/her readiness and/or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately and also to the division commissioner or league representative as soon as possible thereafter.

For myself and on behalf of the above player, he/she and I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, co-participants, sponsors, facilities providers, PONY Baseball Inc. (PONY) and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by DPYB and the agents, employees, officers, directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or damage, whether physical, psychological, or emotional, that may results to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any DPYB or PONY event, including any physical, psychological or emotional injury caused by the negligence of any person or entity described above.

ACKNOWLEDGEMENT AND CONSENT: Participants in Dana Point Youth Baseball, and their legal guardian(s), agree to be filmed and photographed. Participants, and their legal guardian(s) hereby give Dana Point Youth Baseball the right to use their name, picture, and likeness (without any right of approval) in publications, print media, website postings, promotional literature, advertising, promote the League, as well as to promote future events and activities of Dana Point Youth Baseball. I consent to such uses and hereby waive all rights to compensation.

DPYB does not sell or rent customer lists to third parties. DPYB may, from time to time, contact you about a particular offering that may be of interest to you. In addition to using your information for activities related to all League events, DPYB may access and/or disclose your personal information in the good faith belief that such action is necessary to (a) comply with the law (b) protect and defend the rights or property DPYB, or (c) protect the personal safety of participants of DPYB or the public. We occasionally hire other on line companies to provide limited services on our behalf, such as handling the processing of registrations. We encourage you to review the privacy statements of Web sites you chose to access from the DPYB site so that you can understand how those Web sites collect, use and share your information.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, ACKNOWLEDGEMENT AND CONSENT AGREEMENTS, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE ABOVE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS. AND I SIGN THIS FORM AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT FOR MYSELF OR ON BEHALF OF THE ABOVE PLAYER.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Notes: _____ Official's Initials _____