



KELLER YOUTH ASSOCIATION

KYA Baseball Medical Release Form

Player Name: _____

I, the parent (or guardian) of the child named above, hereby give my approval to their participation in any and all Association activities during the current session. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Association, Board Members, coaches, the organizer, sponsors, supervisors, participants, and any persons connected with K.Y.A.

I, the parent (or guardian) do understand that insurance may not be provided by the Association, and do hereby release, absolve and agree to hold harmless the Association, Coaches and Board Members in the event of an accident of injury to my child.

This is to certify that if either parent or guardian of the afor mentioned child, a player on a K.Y.A. sanctioned team is not present at any K.Y.A. activity (be it practice or official league play) and my child is hurt as a result of accident, injury, or illness, I, the parent (or guardian) hereby grant permission to the adult manager, coach, or business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all practice league activities, including the period required to travel to and from those activities, and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Keller Youth Association, K.Y.A. Board Members, all the above mentioned.

I, the parent or guardian, understand the main philosophy of K.Y.A. is to teach good sportsmanship. By signing my child up to participate in K.Y.A. sports, I agree to exhibit good sportsmanship and abide by all rulings of the officials in charge at any K.Y.A. activity.

PARENT (OR GUARDIAN) SIGNATURE and DATE:
