



PARENTAL AUTHORIZATION  
MEDICAL RELEASE FOR  
PARTICIPATION IN  
PONY BASEBALL OR  
SOFTBALL ACTIVITIES

I, as the parent or guardian of (player's name) \_\_\_\_\_, do hereby give my approval for their participation in any and all PONY BASEBALL league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent or legal guardian is available to grant authorization for emergency treatment.

I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local PONY BASEBALL, INC organization, PONY BASEBALL, INC, the City of La Mirada and thier representatives, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

I further agree to furnish a certified birth certificate for the player, upon request of league officials, and to return upon request the uniform and other equipment issued to the player in as good a condition as when received, except for normal wear and tear in league activities.

Place digital  
photo of  
player here

\_\_\_\_\_  
Insurance Company:

\_\_\_\_\_  
Policy or Certificate Number:

\_\_\_\_\_  
Signature of Parent or Legal Guardian:

\_\_\_\_\_  
Print Name of Parent or Legal Guardian:

\_\_\_\_\_  
Relationship:

\_\_\_\_\_  
Date: