



MEDICAL WAIVER

MUST BE COMPLETED BY THE PLAYER'S PARENT / LEGAL GUARDIAN

This Medical Release/Waiver is for (player's name) _____.

I do hereby give my approval for their participation in all practices, tournaments, and league play. I hereby grant my permission to managing personnel or other team and league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital clinic should the player become ill or injured while participating in league activities away from home or where neither parent nor legal guardian is available to grant authorization for emergency treatment.

Signature _____ Date _____

I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do here by **waive, release, absolve, indemnify and agree to hold harmless** the South County Mavericks Baseball Club, SC Mavericks Baseball Club, management, coaching staff, organizers, sponsors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

Signature _____ Date _____

I understand all medical claims MUST be submitted to my primary medical insurer first, and acknowledge the club's insurance policy in place is secondary to any collectible medical insurance I may have or have access to. I will file all claims as quickly as possible after the injury.

Signature _____ Date _____

Medical Issues (allergies, medications, past injuries or medical conditions)

Parent/Guardian Name _____

Phone Number _____

Health Insurance Carrier (Player) _____

Emergency Contact Name _____ Phone Number _____