



**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 or
SOFTBALL 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 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.

Insurance Company: _____

Policy or Certificate Number: _____

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date: _____