

Santa Ynez Valley Pony League Baseball
Medical Authorization and Liability Release Form (Please Print)

Player's Name _____

Medical Condition: Does the above player have any disability, handicaps, present injuries or limitation, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical condition? Yes ____ No ____

If "Yes", please give details: _____

Doctor _____ **Phone** _____

Pony League Baseball ALWAYS attempts to reach the parent or legal guardian in the event of an emergency, medical or otherwise. In the event that either parent cannot be reached, our insurance carrier requires we have the name of an alternate that can pick up y child. It is preferable that this be a local resident, if possible.

Emergency Authorization & Waiver of Liability and Disclaimer
Please Read Carefully and Sign

I, the undersigned parent or legal guardian of the above player hereby authorize the coaches, assistant coaches or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. If there is an emergency and I cannot be reached, please contact the following individual who is hereby authorized to act on my behalf:

Alternate's Name _____ **Phone** _____

I, the undersigned parent or legal guardian of the above player, hereby acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Santa Ynez Valley Pony League Baseball, Inc. and the National Pony League, Inc. (collectively SYVPB") are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above player and permitting the voluntary participation of said player in its programs, I hereby release, discharge and hold harmless SYVPB, its employees, officers, directors, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said player participating in SYVPB sponsored events or practices, including any physical injury caused by the negligence of any official, umpire or coach whi performing his/her duties during any practices or games and including physical injury occurring during transportation.

Publicity Consent

For both the internal and external use, I acknowledge that SYVPB may compile address and mailing labels and may utilize baseball photographs of the above named player. I consent to such uses and here waive all rights to compensation.

Signature of Parent or Legal Guardian _____ **Date** _____

Please Print Name _____ **Relationship to Player** _____