



PARENTAL AUTHORIZATION MEDICAL
RELEASE FOR PARTICIPATION IN SAY
SOUTH ORLANDO BABE RUTH
BASEBALL AND SOFTBALL ACTIVITIES

To Whom It May Concern:

I, as the parent or guardian of (player's name) _____, a player on (team name) _____, do hereby give my approval for their participation in any and all SAY Baseball of Central Florida, Inc (SAY) 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 activities: and so hereby waive, release, absolve, indemnify and agree to hold harmless the local league organization, SAY, the organizer, sponsors, supervisors, participants and persons transporting the player to and from activities, for any and all claims arising out of an injury to the player.

Please note: SAY may play by modified Babe Ruth rules and equipment regulations.

INSURANCE FOR THIS PLAYER IS PROVIDED BY:

Insurance Company: _____

Policy or Certificate Number: _____

Parent or Legal Guardian Name: _____

Signature of Parent or Legal Guardian: _____

Relationship to Player: _____ Date: _____