

MEDICAL INSURANCE INFORMATION SECTION

Physician Name: _____ Physician Telephone: _____

Emergency Contact: _____ Telephone: _____

Health Insurance Company: _____ Policy/Group No: _____

Known Allergies/Special medical issues: _____

Fundraising Acknowledgement

I understand that Registration Fees do not cover the entire costs associated with my child playing baseball with MTYAA. I understand that we are responsible for participation in mandatory fundraising or we may "opt-out" by paying an additional \$50 fee. (Applicable for only Shetland, Pinto, Mustang and Bronco) _____ (Initial here)

MEDICAL RELEASE, AUTHORIZATION TO OBTAIN TREATMENT, LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

This is to certify that I, as the parent or guardian of the above listed player, hereby grant permission to the adult manager, coach, or other league official to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted. This authorization shall include all league activities, including the period required to travel to and from those activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless, MTYAA Baseball, MTYAA PONY Baseball, Inc., the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

I understand and agree that the player assumes all risk of injury associated with the participation in youth athletic competition and its related activities. I acknowledge, understand and agree that neither MTYAA Baseball, nor its officers, agents, employees, players or volunteer workers are liable in any way for any occurrence in connection with league activities that may result in injury, death or other damages to the player, me or my family, estate, heirs or assigns. It is the intention of the undersigned to exempt and release MTYAA Baseball, MTYAA, PONY Baseball, Inc., the organizers, supervisors, participants and persons transporting the player to and from these activities from any and all liability from personal injury, property damage or death caused by negligence or other fault of any person hereby held harmless.

I agree to return league equipment and league uniforms in good condition or pay replacement fee.

Parent/Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____

Player will be required to participate in the league fundraiser.

Fundraising revenue offsets cost to run the league. Registration fees do not cover all cost the league incurs.

Players, Parents and Coaches will be required to sign a Code of Conduct

Questions? Visit www.mtyaabaseball.org or call 206-587-7267