



Orinda Baseball Association Medical Release

TO WHOM IT MAY CONCERN:

This is to certify that I, parent or guardian of _____, a player on an Orinda Baseball Association team, hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the local PONY BASEBALL/SOFTBALL organization; PONY BASEBALL, Inc.; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

Parent's Name (print) _____

Signed _____

Relationship _____

Phone Numbers (H) _____ (W) _____

Date _____

Doctor/Pediatrician _____ Phone _____

Emergency Contact _____ Phone _____