



## COOPERSTOWN DREAMS PARK

### PARENTAL AUTHORIZATION AND CONSENT FORM

I, \_\_\_\_\_ (*please print your name*), am the  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (*name of child*) who is enrolled as a camper at Cooperstown  
Dreams Park during the week of \_\_\_\_\_ (*date*) on the  
\_\_\_\_\_  
\_\_\_\_\_ (*name of team*) baseball team. I hereby  
authorize and entrust the below listed individuals to act in my place, to exercise full parental  
authority (including medical care authorization) and control over my child while at Cooperstown  
Dreams Park.

**Please list coaches from your team roster and other persons whom you authorize to act on  
your behalf to exercise parental authority and control over your child while at  
Cooperstown Dreams Park: (please print names of coaches)**

- |          |          |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Date: \_\_\_\_\_

\_\_\_\_\_  
(*Parent/Guardian Signature*)