

Mid-Hudson Tigers Baseball

Participation Year 9/1/18-8/31/19

Participation Acknowledgement, Waiver and Medical Authorization

SPORT: BASEBALL **Date:** _____

Team/Contact person or Program: Mid-Hudson Tigers Baseball ID #45-4538692

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by Mid-Hudson Tigers Baseball. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached. Additionally this agreement shall serve as the Player/Parent approval and understanding of the Program participation rules. The Player/Parent recognize that this is a One Year commitment from the Program to the Player/Parent and in return for the "Player Fee" as stated by the particular team, the Player/Parent should expect to receive only what that Player's Manager deems appropriate. No representation is made by the Organization in regards to playing time, playing position or any other "baseball decision" typically made by the Team Manager. No refunds will be given without the approval of the Team and the Board of Directors, and under no circumstance will a Player receive a refund in an amount greater than the current year Player fee. No claim can be made by any Player/Parent for any unused funds for any particular year. The Mid Hudson Tiger year runs from 9/1-8/31.

This acknowledges that I/we, the undersigned, parent(s) or legal guardian(s) of:

PLAYER NAME: _____

recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment. I/We release *The Mid-Hudson Tigers*, its employees, its agents, its volunteers, and any owned, loaned or leased facilities from any personal injuries or damages caused by or resulting from my child participating in this activity. I/We understand that this release applies to any present or future injuries.

I/We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of the sport and the facility.

I/We further certify that we understand and agree with the Program participation rules as stated above and I/we recognize that in return for my payment of my Team's participation fee I am not promised anything beyond the right to participate for my stated Team for this particular participation year.

Parent/Guardian Name: _____ **Date:** _____

Parent/Guardian Signature: _____

Home Address: _____

EMail: _____

Home Phone #: _____ **Cell Phone#:** _____

Emergency Contact Person/Number: _____