

MEDICAL RELEASE

I, as a parent or guardian do hereby give my approval for my child's participation in any and all MYA league activities. I hereby grant my permission to the adult manager, coach, trainer or business manager of the team 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 in person or by telephone. This authorization shall include all league activities: and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the local PONY Baseball, Inc. organization, 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 further agree to furnish a certified birth certificate for the player, upon request of league officials.

I have fully considered allowing my child to participate in the MYA baseball/softball program. I understand the physical risks associated with participation in the sport. I understand that a limited, secondary medical insurance policy is offered as part of my registration fee, but that primary medical insurance is my own responsibility. If there is no primary medical insurance then MYA's insurance will act as primary insurance.