

# NORCROSS YOUTH BASEBALL SOFTBALL ASSOCIATION

## Parental Authorization and Medical Release

Season:

Team:

League:

I, parent or guardian of the child whose name is listed on the same line with my signature below, hereby give approval to his/her participation in Norcross Baseball Softball Association Inc. activities as a member of the above named league team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless Norcross Baseball Softball Association Inc., the Board of Directors, and the organizers, sponsors, Managers, Coaches, participants and persons transporting the child to and from activities from any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by Norcross Baseball Softball Association Inc.

I also grant permission to the Managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital, medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in league activities, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

**CHILD'S NAME**

**SIGNATURE OF PARENT/GUARDIAN**

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