



**PARENTAL AUTHORIZATION  
MEDICAL RELEASE FOR PARTICIPATION IN PONY BASEBALL  
OR SOFTBALL ACTIVITIES**

I, as the parent or guardian of (player's name) \_\_\_\_\_,  
do hereby give my approval for their participation in any and all PONY BASEBALL or  
SOFTBALL league activities. I hereby grant my permission to managing personnel or  
other league representatives to authorize and obtain medical care, at my expense, from any  
licensed physician, hospital or medical clinic should the player become ill or injured while  
participating in league activities away from home, or where neither parent or legal  
guardian is available to grant authorization for emergency treatment. I assume all risks and  
hazards incidental to my child's participation, including transportation to and from  
activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the  
local league organization, PONY BASEBALL/SOFTBALL, the organizers, sponsors,  
supervisors, participants and persons transporting the player to and from the 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.

Accident insurance for this player is provided by:

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Relationship)

\_\_\_\_\_  
(Date)