

2020
Madison Heights Youth Baseball Association
Consent Form

To the Parents and Guardians of Participants in MHYBA

PLEASE TAKE A MINUTE TO READ THE CONSENT FORM BELOW.
BE SURE THAT YOU UNDERSTAND EVERYTHING INVOLVED IN
YOUR CHILDS PARTICIPATION IN THE MHYBA PROGRAM.

The 2020 Guidelines that will be posted on the
<madisonheightsbaseball.com> website are great references to find
valuable information about MHYBA

Players Name: _____ Date of Birth: _____

Address: _____

I, AS THE PARENT OR GUARDIAN OF THE ABOVE-NAMED CHILD, HEREBY GIVE MY APPROVAL FOR PARTICIPATION IN ANY AND ALL ACTIVITIES DURING THE 2020 BASEBALL SEASON. I ASSUME ALL RISK AND HAZARDS OF ALL ACTIVITIES INCLUDING TRANSPORT TO AND FROM ACTIVITIES.

I, HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS MADISON HEIGHTS YOUTH BASEBALL ASSOCIATION AND ITS DIRECTORS, COACHES, SPONSORS, PARTICIPANTS AND ANYONE CARRYING OUT THE DUTIES AS A VOLUNTEER OF MHYBA AND PERSONS TRANSPORTING MY SON / DAUGHTER TO THE EXTENT IN THE AMOUNT COVERED BY THE MHYBA INSURANCE.

SIGNATURE OF PARENT OR GUARDIAN

DATE ____/____/2020

PRINTED NAME OF PARENT OR GUARDIAN