

**Madison Heights Youth Baseball Association Inc.
Minor Participant Medical Waiver / Release**

For participation in – Regular Season / District, State and World Series Tournaments.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in my child/ward participating in this program. I have explained to him/her, their personal responsibilities for adhering to the rules and regulations. My child/ward accepts them as a participant.

Name of Minor Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: ____/____/2021

For Parents/Guardians Signing Below:

In Addition to the above information and 2021 Liability Waiver, I confirm that I have provided an accurate copy of a certified birth certificate or other acceptable proof of age to the league officials on behalf of my child/ward and my signature on Page 2 also authorizes the following medical release for my child/ward.

Continued from Page 1 (Minor Participation Medical Waiver/Release)

Medical Waiver/Release – I grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize or obtain medical care and treatment from any licensed physician (including physician’s assistant or nurse practitioner), dentist, hospital or medical clinic, including major surgery deemed necessary by a duly licensed physician should my child become ill or injured while participating in any function or event sponsored or supported by Madison Heights Youth Baseball Association Inc. This waiver/release is applicable whenever a parent or guardian is not available to grant authorization for emergency treatment. This authorization includes administration of first aid and transportation to and from a medical treatment facility. In addition, I will list any allergies or illnesses for which my child is being treated by a medical doctor in the space provided below.

Parent/Guardian Signature _____

Date: ____/____/2021

Note: Parents may choose to opt out from providing medical information below due to privacy concerns.

Allergies (Drugs or Other): **None:** _____

1. _____
2. _____
3. _____

Illnesses Under Medical Care: **None:** _____

1. _____
2. _____
3. _____

Notes:

Any additional information please write it on the back of this form.