# Madison Heights Youth Baseball Association Inc.
# 2025 Minor Participant Medical Waiver / Release

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

I, FOR MYSELF, MY SPOUSE, AND MY 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 (written or verbal). I and my child/ward accepts them for his/her participation.

Name of Minor Child/Ward: _____

Name of Parent/Guardian:**(Print)** _____

Parent/Guardian **Signature**: _____

Date Signed: _____/_____/ 2025

Additional Information for Parents/Guardians for parents signing on Page 2.

In addition to the above information and the 2025 Liability Waiver, I confirm that I 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 on Page 2)

**Continued from Page 1 (Minor Participant Medical Waiver/Release)**

**Medical Waiver/Release –** I grant permission to the managing and/or coaching personal or other league representatives, or tournament officials to authorize or obtain medical care and treatment from any licensed physician (including physician's assistant, nurse 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 listed below.

Parent/Guardian Signature: _____
Date: _____/_____/ 2025

**Note: Parent/Guardian may opt out from providing medical information below due to privacy concerns. _____OPT OUT**

Allergies (Drugs or Other)
None: _____

1. _____
2. _____
3. _____

Illnesses Under Medical Care:
None: _____

1. _____
2. _____
3. _____

Important Notes MHYBA Should Know: _____
_____
_____
Any additional information please write it in the back of this form.