

# Burlingame Youth Baseball League (BYBA)

## PARENT'S MEDICAL RELEASE, ACKNOWLEDGMENT & AGREEMENT

I/We, the parents or guardian of the above named applicant, hereby give approval for my/our child to participate in any and all BYBA League activities. I/We assume all risks connected with such participation including transportation to and from the activities, and I/We hereby waive, release, absolve, indemnify the BYBA organization, its organizers, Board members, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for any claim arising out of an injury to my/our child, whether the result of negligence or for any other cause, except to the extent covered by accident or liability insurance. I/We certify that my/our child is physically able to engage in the physical activities required by the BYBA League and agree to notify the League Officials of any changes in health that would prevent his/her participation. In case of emergency, the team manager, coach, or any BYBA Board member is hereby authorized to have my/our child treated by any licensed physician, dentist and/or hospital. I/we also acknowledge and agree that I/we have received and read BYBA's Policies concerning Participation, Tournament Teams and Player/Parent Conduct.

Print Player Name \_\_\_\_\_

Diamond (6 & 7 years)  Sandlot (8 years)  Mudville (9 & 10 years)

Carl Reyna (11 & 12 years)  Hank Sauer, Sr. (13, 14 & 15 years)

Umpire Volunteer

Parent Signature: \_\_\_\_\_

Print Parent Name: \_\_\_\_\_

Mother  Father  Guardian

Date: \_\_\_\_\_

Registration Order #: \_\_\_\_\_