

WR Baseball/Softball Event Permission Form  
(To be completed by a parent or guardian)



Player Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail \_\_\_\_\_

**In the event of an emergency and I cannot be contacted, please call:**

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

**-Event Description-**

Members of the US Marines will be visiting the West Ranch Baseball Field to conduct a workshop for the WR baseball and softball teams. Varsity and JV levels only. The Marines will administer several physical fitness tests including- short distance running, sprints, crawling, push-ups, pull-ups, sit-ups, throwing a fake grenade, carrying a teammate, lifting ammunition cans filled with sand, and other various fitness activities. The Marines will also have discussions about teamwork, working under pressure, and discipline. Marine recruiters, drill instructors, and their superior officers will be administering the workshop. West Ranch coaches will be in attendance at all times, and will have overall supervision of this event.

I give permission for my child \_\_\_\_\_ to attend and participate in the event listed above, and certify that my child is capable of participating in all the described activities. I HEREBY AGREE to release and hold harmless the William S Hart School District, and its agents, employees and representatives from any and all liability of any kind or nature incurred by the above named student or by myself as the result of any act or failure to act, intentional or unintentional, by any person in attendance who is or is not an agent, employee, or representative of William S Hart School District. I also authorize the William S Hart School District and its agents, employees, or representatives into whose care the student has been entrusted to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital supervision and upon the advice of a physician and surgeon licensed under the provisions of the Medical Practice Act or to consent to x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the student by a dentist licensed under the provisions of the Dental Practice Act. I grant the William S Hart School District permission to use my child's likeness, voice, photos, and words in television, radio, or in any form.

Parent or Guardians' Signature: \_\_\_\_\_

Player Signature: \_\_\_\_\_

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

