

Valley Invitational Baseball League

PARENTAL CONSENT AND MEDICAL TREATMENT AUTHORIZATION

READ THIS CAREFULLY BEFORE SIGNING

I/WE, the parents/guardian give MY/OUR approval for the participation of (print full name) _____ AGE _____ who was born on (month, day year) _____ in the Valley Invitational Baseball League (hereafter called "the LEAGUE") at various fields that may be used for LEAGUE games (hereafter called "FIELDS") during the dates from 6 June 2011 to 1 March 2012. I/WE do assume all risks and hazards incidental to such participation including transportation to and from the FIELDS. I/WE do hereby waive, release, absolve, indemnify and agree to hold harmless the LEAGUE, its Board of Directors, and the team coaches, sponsors, supervisors, managers, and participants for any claim out of injury (including death) to MY/OUR child.

In the event of injury to MY/OUR child, I/WE hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances. MY/OUR child's treatment is completely covered by our own and/or our group insurance company which is (are) _____ . Our policy number(s) is (are) _____

_____. I/WE accept complete fiscal responsibility for any deductible amounts related to the (se) insurance policy (ies) and agree to pay the total of these deductible amounts. **It is understood that any LEAGUE insurance is ADDITIONAL to my own insurance.**

I/WE have read the foregoing Parental Consent Release and Medical Treatment Release statement. I/WE understand this authorization statement and sign it voluntarily.

Father's Signature

Guardian's Signature (if applicable)

Mother's Signature

Date signed

Telephone number (AC+7 digits): _____