



Medical Release Form

Team _____

Division _____

Manager _____

Phone _____

Team Parent _____

Phone _____

Email _____

This is to certify that I am signing as a parent or guardian of a player on the team and division listed and hereby grant permission to the adult manager or coach of the team to obtain medical care from any licensed physician, hospital or medical clinic for the player named next to my signature. This is for such time a parent or legal guardian cannot be contacted in person or telephone. This authorization shall include all league activities; and we hereby waive, release, absolve, indemnify; and agree to hold harmless Diamond Rock Baseball, County of Ventura, the organizers, supervisors, participants, as well as persons transporting the player to and from those activities, from any claim arising out of injury to the player.

Player Name	Age	Birth Date	Parent Signature
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

We certify that players participating in this tournament, as listed herein are covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in a Diamond Rock Baseball tournament and/or league.

Manager Signature: _____

Insurance: _____

Policy #: _____