

# DEEP EAST TEXAS BASEBALL ASSOCIATION

## Parental Authorization and Medical Release

I, parent or guardian of the child whose name is listed on the same line with my signature below, hereby give approval to his/her participation in the Deep East Texas Baseball Association activities as a member of the above named league's team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless Deep East Texas, its organizers, sponsors, supervisors, participants, and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by Deep East Texas.

I also grant permission to managing and/or coaching personnel or other league representatives to authorize and obtain medical care and treatment from any licensed physician, hospital, or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in activities away from home, or authorization for emergency treatment.

**TEAM NAME** \_\_\_\_\_ **AGE GROUP** \_\_\_\_\_

**PLAYER'S NAME** \_\_\_\_\_ **PARENT/GUARDIAN** \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
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12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

**ATTENTION:**

**Coaches please keep the original copy with you at all times. Return a copy to the league Commissioner.**