

Waiver and Medical Release Form

This is to certify I, parent or guardian of _____, a player or potential player on the Arlington Heat baseball team, hereby grant permission to the adult manager, coach and business manager of the team to obtain medical care from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted in person or by telephone.

This authorization shall include all team activities, including the period required to travel to and from those activities. I/we do hereby waive, release, absolve, indemnity and agree to hold harmless the organizer, supervisor, participants and/or persons transporting the player to and from those activities and/or any claim arising out of an injury to a player while participating in a team activity. I understand injuries can occur during participation in any sport. I hereby release and agree to hold harmless Cover All Bases, Chris Gay, and the Arlington Heat and all other coaches participating in all events for claims for damages for personal injuries or otherwise to my child, which may arise during their baseball events.

Print Name: _____ Date: _____

Signature: _____ Relationship to Player: _____

Insurance and Doctor Information

Name of Family Medical Insurance Co.

Name of Group or Group Number

Name and Phone Number of Primary Doctor