

Playball PONY Baseball Inc. Medical Release /Code of Conduct

DIVISION _____ **TEAM** _____

PLAYER _____ **AGE/DATE OF BIRTH** _____ / _____

STREET ADDRESS _____

CITY, STATE _____ **ZIP CODE** _____

HOME PHONE _____ **SCHOOL/DISTRICT** _____ / _____

INSURANCE COMPANY _____ **POLICY NUMBER** _____

GUARDIAN #1 _____	CELL PHONE _____
	E-MAIL ADDRESS _____
GUARDIAN #2 _____	CELL PHONE _____
	E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ **CELL PHONE** _____

I hereby grant permission to the adult manager, coach, trainer, or business manager of the team to obtain medical care at my expense, 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 league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless **Playball PONY Baseball, Inc., PONY Baseball, Inc.**, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of any injury or illness to the player (including but not limited to Covid-19).

We will conduct ourselves in a proper and socially acceptable manner and at all times exhibit behavior that supports the health, safety, and well-being of others. We will abstain from any type of conduct intended to humiliate or intimidate others. I understand that the use of tobacco, alcohol, and drugs is strictly forbidden. I also understand that the use of profanity, offensive language and ethnic slurs is forbidden and that good sportsmanship must be adhered to at all times, by the **players, coaches, and spectators**. We pledge to abide by all the laws, rules, regulations and ordinances whether city, state, local, or league. I understand that the violation of any of these may result in the removal of the violator from the facility and may result in removal for the season.

By signing below I agree to the above and further agree to abide by the Codes of Conduct as listed on the AZPlayball.com website.

Parent Signature:	Date:
Player Signature:	Date: