PARTICIPATION AUTHORIZATION/ROSTER AND MEDICAL RELEASE FORM

All sports, including **BASEBALL** pose a risk of severe physical injury to the participants. In the event of a medical emergency resulting from an injury or illness, the instructors / coaches will endeavor to obtain medical treatment for your child. However, **OKEEHEELEE BASEBALL ASSOCIATION, IT'S SPONSORS, PALM BEACH COUNTY BOCC, ORGANIZERS, VOLUNTEERS AND PARTICIPATING TEAMS** and its employees and agents cannot assume responsibility for acts or omissions of third parties who are called to render treatment. I recognize the hazards with my child's participation in **BASEBALL** activities. I give consent for my child to be rendered emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with said treatment. I hereby waive, release, absolve, indemnify and agree to hold harmless **OKEEHEELEE BASEBALL ASSOCIATION, IT'S SPONSORS, PALM BEACH COUNTY BOCC, ORGANIZERS, VOLUNTEERS AND PARTICIPATING TEAMS** and all employees thereof: participants, persons transporting the participants to and from activities; and any individual, group, organization or corporation under contract with **OKEEHEELEE BASEBALL ASSOCIATION, IT'S SPONSORS, PALM BEACH COUNTY BOCC, ORGANIZERS, VOLUNTEERS AND PARTICIPATING TEAMS** for any claim arising out of any injury or illness to the participant.

TEAM NAME: _____ COACHES SIGNATURE: _____

PLAYER NAME	D.O.B.	PLAYER E-MAIL ADDRESS	PARENT OR LEGAL GUARDIAN SIGNATURE