

PYO MEDICAL RELEASE FORM

(Covers teams playing under PYO(baseball and softball), Cincinnati Knothole, Warren County Travel League, and Cincinnati Suburban League rules)

PLAYER'S NAME: _____

PARENT'S TELEPHONE NUMBERS Home: _____ Work: _____

OTHER TELEPHONE NUMBERS _____

STREET ADDRESS: _____

CITY / STATE / ZIP: _____

In the event of illness or injury, permission is hereby granted to any coaching staff member of the Pisgah Youth Organization, its associated leagues, or their designated representative to administer or secure emergency medical assistance and/or take any other action as may be deemed prudent, including, without limitation, referral to licensed medical personnel or transfer to the appropriate hospital or medical facility.

Parent or Guardian Signature: _____ DATE _____

Parent or Guardian Signature: _____ DATE _____

MEDICAL CERTIFICATION AND MEDICAL INSURANCE INFORMATION

I hereby certify that my son/daughter named herein above as PLAYER is physically able to participate in baseball/softball for the current season. The following is a list of all allergies to medication and a list of any current medications that are being taken and the dosage.

(If NONE, please check the NO box and indicate NONE on the line below). [] NO Allergies [] NO Medications

PHYSICIAN'S NAME: _____

PHYSICIAN'S ADDRESS: _____

PHYSICIAN'S TELEPHONE NUMBER: _____

HOSPITAL PLAN: _____ CONTRACT NO. _____

COMPANY: _____

CITY / STATE / ZIP: _____

OTHER PERTINENT PLAN INFORMATION: _____

PARENT RELEASE

I hereby grant my son/daughter permission to participate in all baseball/softball activities, including clinics and post-season tournaments not specifically scheduled. I acknowledge that these activities may require travel in various modes of transportation, with accommodations and meals in various establishments.

I acknowledge that my son/daughter participates in all activities at his/her own risk. In consideration of your permitting him/her to participate, I hereby accept any inherited risk of play or travel, and hereby release the Pisgah Youth Organization, the Cincinnati Suburban League, and/or any other national or local organization/association with which the Pisgah Youth Organization or Cincinnati Suburban League may affiliate, and the officers, coaching staff, sponsors, volunteers, umpires, employees, agents, affiliates, heirs, successors, and assigns of each from any responsibility that you or they might have regarding the health and physical condition of my son/daughter during his/her participation.

On behalf of myself, my son/daughter, our heirs, executors, and assigns, I further release and forever discharge all of the above individuals and entities from any and every claim, demand, right or cause of action either in law or in equity arising from my son's/daughter's participation in all activities. The undersigned agrees to indemnify and hold harmless all of the above individuals and entities from any claim made in derogation of this release.

Parent or Guardian Signature: _____ DATE _____

Parent or Guardian Signature: _____ DATE _____