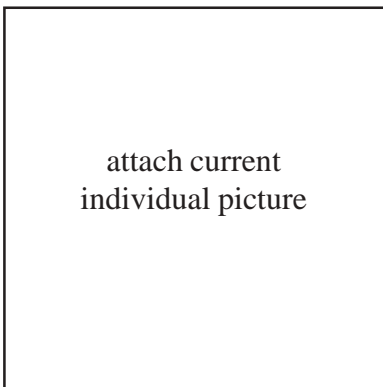




PARENT AUTHORIZATION  
MEDICAL RELEASE FOR  
PARTICIPATION IN  
PONY BASEBALL OR  
SOFTBALL ACTIVITIES

I, as the parent or guardian of (player's full name) \_\_\_\_\_ , do hereby give my approval for their participation in any and all PONY BASEBALL or SOFTBALL league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home or where neither parent or legal guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local PONY BASEBALL, INC organization, PONY BASEBALL, INC, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.



Insurance Company: \_\_\_\_\_

Policy or Certificate Number: \_\_\_\_\_

Signature of Parent  
or Legal Guardian: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_