

OKEEHHEELER BASEBALL ASSOCIATION

**MEDICAL AUTHORIZATION &
CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S)**

Name of Child Registrant: _____

Date of Birth of Child Registrant: _____

Name of Parent or Legal Guardian: _____

Any known allergies to medicines for the Child: _____

**Name of Insurance Company and Number of Policy
(as Required by the Affordable Care Act) : Company: _____
 Policy No.: _____**

As parent, custodian, or legal guardian of the aforementioned minor, I authorize and consent for a designated-adult to administer general first aid treatment for minor injuries or illnesses that may occur during any practice, and before or during games.

If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport, and treat the minor and I further consent to any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

I further represent that my Child is covered by a comprehensive health and accident insurance policy that is in compliance with the Affordable Care Act (“ACA”) which provides coverage for injuries that may be sustained as a consequence of participation in activities. I also agree to release and forever discharge Okeehel ee Baseball Association, its agents, Babe Ruth Baseball, Inc., the Palm Beach County Board of Commissioners, the organizers, sponsors, and supervisors, from responsibility and liability for any injuries, illnesses, medical bills, charges, co-pays, deductibles, or similar medical expense, that is reasonably related to participation in any practice session or game.

Signature of Parent, Legal Guardian or Custodian: _____

Date: _____

Witness: _____ (print name) _____

GENERAL RELEASE

This is the hold harmless waiver, being made by me, as the parent, legal guardian, or custodian of the Child named above. I, _____, the parent or guardian of the above named registrant, hereby give my approval to participate in any or all Okeehlee Baseball Association activities. I assume all risk and hazards incidental to such participants including transportation to and from these activities; and I do hereby waive, release, indemnify and agree to hold harmless the local Okeehlee Baseball Association, its agents, Babe Ruth Baseball, Inc., the Palm Beach County Board of Commissioners, the organizers, sponsors, supervisors, participants, spectators and persons transporting the Child to and from activities (and any practice sessions before or during such activities), for any claim arising out of an injury to my child, whether the result of negligence or for any other cause.

I agree that any and all information on this registration form may be used by Okeehlee Baseball Association on its internet website for administrative purposes and league information, such as for statistics and photos. I consent to the Okeehlee Baseball Association board conducting any background investigation it deems necessary for volunteers and employees.

I acknowledge that any inappropriate behavior by coaches, officials, volunteers, players or their family members or associates can result in reprimand, suspension or expulsion from the league. My signature hereto acknowledges my acceptance of the responsibility.

Signature of Parent, Legal Guardian or Custodian: _____

Date: _____

Witness: _____ (print name) _____