

Villa Park Youth Baseball Association, inc.

MEDICAL RELEASE FORM



This is to certify that I, parent or guardian of _____, a participant of **Villa Park Youth Baseball Association Inc.** _____ team, hereby grant permission to the adult manager, coach, or league official of the team to obtain medical care 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 to travel to and from those activities, and we do hereby waive, release, absolve indemnify, and agree to hold harmless the **Villa Park Youth Baseball Association Inc.** the organization, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

Date _____

Parent/Guardian _____

Relationship _____

Known allergies _____
