

SANDLOTT Mid-State League

PLAYER CONTRACT- RELEASE- INDEMNIFICATION AGREEMENT EMERGENCY MEDICAL TREATMENT AUTHORIZATION

PLAYERS NAME _____ PHONE _____

ADDRESS _____ BIRTH DATE _____ AGE _____

SCHOOL _____

I, THE PLAYER AND THE ABOVE NAMED CHILD AGREE TO PLAY WITH _____,
MANAGER OF THE _____ BASEBALL TEAM. I WILL PLAY EXCLUSIVELY WITH THIS
TEAM AND WILL NOT PARTICIPATE WITH ANY OTHER BASEBALL TEAM (EXCEPT MY SCHOOL TEAM) WITHOUT
WRITTEN RELEASE UNTIL AUG.31, 2010.

I, THE UNDERSIGNED PARENT / GUARDIAN OF THE ABOVE NAMED CHILD, CONSENT TO HIS FULL PARTICIPATION
WITH THE _____ BASEBALL PROGRAM. I AGREE TO PAY THE APPLICABLE
PLAYER AND LEAGUE FEES AND I UNDERSTAND THESE FEES ARE NOT REFUNDABLE. I AGREE TO RETURN ANY
UNIFORM ISSUED BY THE _____ TEAM IF REQUESTED. I WILL FURNISH A BIRTH CERTIFICATE TO
SUPPORT THE BIRTH DATE OF MY CHILD.

I ASSUME ALL HAZARDS AND RISKS INVOLVED AND INCIDENTAL IN SUCH PARTICIPATION , INCLUDING
TRANSPORTATION TO AND FROM TEAM ACTIVITIES. I HEREBY RELEASE AND FOREVER DISCHARGE
_____, HIS COACHES LEAGUE IT'S SUCCESSORS AND ASSIGNS, OF AND FROM ANY AND
ALL MANNER OF SUITS, ACTIONS OR CAUSES OF ACTION, IN LAW OR IN EQUITY CLAIMS, JUDGMENTS, DAMAGES,
OR DEMANDS WHATSOEVER AGAINST THE SAID _____ TEAM, COACHES, LEAGUE OR
LEAGUE OFFICIALS WHICH I OR MY HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS NOW HAVE OR HEREAFTER
MAY HAVE ARISING FROM INJURY TO MYSELF OR TO THE CHILD HEREIN NAMED.

IN THE EVENT MY CHILD BECOMES ILL OR IS INJURED WHILE PARTICIPATING IN TEAM
ACTIVITIES, IN MY ABSENCE, I AUTHORIZE AND CONSENT FOR _____
TO SEEK AND OBTAIN EMERGENCY MEDICAL TREATMENT FOR THE CHILD AND FURTHER AUTHORIZE THE
PHYSICIAN AND / OR HOSPITAL TO RENDER TREATMENT TO MY CHILD.

I HAVE READ THE ABOVE AND AGREE AND CONSENT TO THE TERMS.

PLAYER SIGNATURE

DATE _____

PARENT / GUARDIAN SIGNATURE

DATE _____