



Druid Hills Youth Sports

MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

This is to certify that I, _____ as the parent or guardian of _____ a player on the DHYS _____
(player's name) (team name)

baseball team, hereby grant permission to the adult manager, coach, trainer or business manager of the team to obtain medical care, at my expense, from any licensed physician, emergency medical technician, 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 required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify, and agree to hold harmless Druid Hills Youth Sports, Inc., Pony Baseball, Inc.; the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

Signed _____

Relationship to Player _____

Date _____

Insurance Carrier _____

Policy # _____ Group # _____

Insurance card attached Yes _____ No _____