

SUGGESTED MEDICAL RELEASE

I, as the parent or guardian of (player's name) _____,
do hereby give my approval for their participation in any and all PONY BASEBALL or SOFTBALL
organization league activities. I hereby grant my permission to managing personnel or other
organization 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 organization 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.

I further agree to furnish certified birth documentation for the player, upon request by
organization league officials, and to return upon request the uniform and other equipment
issued to the player in as good a condition as when received, except for normal wear and tear
in organization league activities.

Insurance Company: _____

Policy or Certificate Number: _____

Signature of Parent or Legal Guardian: _____

Print Name of Parent or Legal Guardian: _____

Relationship: _____

Date: _____

A medical release form similar to the above, available from PONY Baseball, Inc.; signed by a
player's parent or legal guardian, MUST BE provided in advance of any participation, for each
player on the tournament team in order that physicians and hospitals may accept players for
treatment in the event of illness or injury where the parent(s) or legal guardian(s) are not
available. This form may be copied and is acceptable. Documentary evidence of accident
insurance is also required. As such evidence of insurance may be requested by a physician or
hospital when a team member is treated. A certificate of insurance is the preferred format.