

WEST SEMINOLE BASEBALL

I/We, the parent(s)/guardians of _____, who is registered to play on a WSB baseball team, hereby give our approval to participate in any planned WSB activities. I/We assume all risks and hazards incidental to participation, including transportation to and from these activities.

I/We do release, absolve, indemnify, and agree to hold harmless, West Seminole Baseball, Dixie Baseball, Inc. organizers, sponsors, supervisors, participants, spectators and persons transporting my/our child, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I/We understand the league insurance is supplemental to my/or existing accident and liability insurance. I/We understand WSB requires spectators as well as participants to conduct themselves in a proper manner. I/We agree to exhibit good sportsmanship at all times. Inappropriate behavior, including, but not limited to, foul language, harassment or disrespecting players/coaches/umpires/other spectators, etc., WILL NOT be tolerated and could result in expulsion from the WSB facility.

****IMPORTANT: Please be aware that NO REFUNDS will be provided after tryouts have been completed****

Father/Guardian: _____

Date: _____

Mother/Guardian: _____

Date: _____

MEDIA RELEASE

I hereby grant permission to the Board of Directors at West Seminole Baseball and its coaches to use his/her name and photographs of my child's activities during West Seminole Baseball functions in forms such as display panels, videos, brochures, advertisements and website. I agree that I am to receive no compensation for my child's appearance. I also understand that my child's participation confers on me no ownership rights to the photographs or negatives whatsoever. **Please Sign Below for Media Release**

Father/Guardian: _____

Date: _____

Mother/Guardian: _____

Date: _____

EMERGENCY MEDICAL RELEASE

Medical Insurance Company _____ Policy # _____

Player's Physician name & phone _____ Current tetanus shot? _____

Current Medications _____ Allergies: _____

In the event that emergency treatment is necessary and I/we are unavailable, I/we authorize West Seminole Baseball, its coaches or representatives to seek qualified medical assistance and act as guardians on my child's behalf. I/we understand WSB will make reasonable efforts to inform me/us of this situation and action.

Father/Guardian: _____

Date: _____

Mother/Guardian: _____

Date: _____