SANDLOTT MID-STATE LEAGUE

PLAYER CONTRACT- RELEASE- INDEMNIFICATION AGREEMENT- EMERGENCY MEDICAL TREATMENT AUTHORIZATION

PLAYERS NAME_____**PHONE**_____

ADDRESS_____

CITY_____**ST**_____**ZIP**_____

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 1st, 2012.

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.

_____ **DATE**_____

PLAYER SIGNATURE

_____ **DATE**_____

PARENT / GUARDIAN SIGNATURE