

DIXIE SOFTBALL, INC.

PARENTAL/GUARDIAN AUTHORIZATION AND MEDICAL RELEASE

DATE _____

LEAGUE NAME: _____ FRANCHISE
NUMBER: S- _____

I, parent or guardian, of the child whose name is listed on the same line with my signature below, hereby grant approval for her participation in DIXIE SOFTBALL, INC., tournament activities as a member of the above named league's tournament team. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and do hereby waive, release, absolve, and indemnify and agree to hold harmless DIXIE SOFTBALL, INC., the local league organization, the organizers, sponsors, supervisors, participants and persons transporting the child to and from activities, for any claim arising out of injury to the child, except to the extent and in the amount covered by accident and/or liability insurance held by the local league.

I also grant permission to managing and/or coaching personnel or other league representatives or tournament officials to authorize and obtain medical care and treatment from any licensed physician, hospital or medical clinic, including major surgery, deemed necessary by a duly licensed physician should the child become ill or injured while participating in tournament activities away from home, or at other times when neither parent/guardian is available to grant authorization for emergency treatment.

A certified birth certificate or acceptable proof of age of the named participant below has been furnished to league officials or is attached.

| <u>CHILD'S NAME</u> | <u>SIGNATURE</u> |
|---------------------|------------------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |
| 9. _____ | _____ |
| 10. _____ | _____ |
| 11. _____ | _____ |
| 12. _____ | _____ |

PLAYER MEDICAL INFORMATION

| CHILD'S <u>NAME</u> | ALLERGIES <u>DRUGS OR OTHER</u> | ILLNESSES <u>UNDER MD CARE</u> |
|------------------------|------------------------------------|-----------------------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |
| 4. _____ | _____ | _____ |
| 5. _____ | _____ | _____ |
| 6. _____ | _____ | _____ |
| 7. _____ | _____ | _____ |
| 8. _____ | _____ | _____ |
| 9. _____ | _____ | _____ |
| 10. _____ | _____ | _____ |
| 11. _____ | _____ | _____ |
| 12. _____ | _____ | _____ |