

Clinton Pee Wee Medical Liability Release Form

This is to certify that I, parent/guardian of

_____,
a participant of the Clinton Pee Wee , hereby grant permission to the adult coach to obtain medical treatment from any licensed physician, hospital, or medical clinic for the named herein at such time as either parent or guardian cannot be contacted in person or by phone. The Authorization shall include all league activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, coaches, participants, and persons transporting the player to and from activities for any claim arising out of injury to the player during travel or while participating in practice or a game.

Signed: _____

Date: _____