

**Waltham Connie Mack Baseball
Waiver/Consent and Release (of Minor Child)**

I/We, the undersigned _____
(Insert legal relationship, e.g. "parent, "guardian")
of, _____, a minor, do hereby consent to my
(Insert name of participant, my child)
child's participation in voluntary athletic programs for the Waltham Connie Mack
Baseball League.

I/We also agree to forever waive and release the Connie Mack Baseball League and their agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Waltham Connie Mack League (the releases) of and all claims, rights of action and causes of action that may have arisen in the past, or may raise in the future, directly or indirectly, from personal injuries to my child, or property damage resulting from my child's participation un the Waltham Connie Mack League's programs.

Waiver and Release

I/We further affirm that I/WE have read this waiver, consent and release form and that I/WE understand the contents of this form. I/We understand that my child's participation in these programs are voluntary and that my child and I/We are free to choose not to participate in said programs. By signing this form, I/We have decided to allow my child to participate in the Connie Mack League baseball program with full knowledge that the Release will not be liable for anyone for personal injuries and property damage to my child or I/We may suffer voluntary Connie Mack League baseball programs. I/We understand that this is a **Binding Legal Document waiving and Releasing** actual and potential claims and that I/We had the opportunity to obtain legal advice if I/We choose.

Date:

Signed:

Witness to Signature

Parent/Guardian of:

Witness (Print)

Parent/Guardian

Waltham Connie Mack

	Please Circle	
Does participant have any allergies (environmental or food)?	Yes	No
Does participant currently take any medication and /or will take during program?	Yes	No
Does participant need extra help or attention in any area?	Yes	No
Are there any behavior or special needs that may need to be addressed?	Yes	No
If you answered yes to any of these questions, complete the section below.		

Allergies-Environmental:

Allergies-Food:

Medication Taken at home:

Medications that will be taken/needed at the program (list dosage)

Please list any special arrangements or accommodations needed for your child while participating in the Connie Mack Baseball Program.

As a parent, guardian, or participant, I understand that the Connie Mack League agents, volunteers, and supervisors will not be held responsible for any injuries or medical bills resulting in my own or my child's participation in the 2007 summer season. If I cannot be reached in the event of an emergency, permission is given to hospitalize, secure proper treatment for and to order injection, anesthesia, or surgery for my child as named above.

Under 18, Parent/Guardian Signature

Date

Over 18, Participant Signature

Date