

BULLDOGS SUMMER BASEBALL

PARENTAL CONSENT AND MEDICAL TREATMENT AUTHORIZATION

I/We, the parent/guardian give my/our approval for the participation of
(print full name) _____ **AGE** _____
who was born on (month/day/year) _____

in the Bulldogs Summer Baseball Program from MAY 31 TO JUNE 25, 2022

I/we assume all risks and hazards incidental to such participation including transportation to and from the fields. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Burbank High Baseball Booster Club, its Board of Directors, and the team coaches, sponsors, supervisors, managers, volunteers, and participants for any claim out of injury (including death) to my/our child.

In the event of injury to my/our child, I/we hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances. My/our child's treatment is completely covered by our own and/or our health insurance.

Policy Provider: _____

Policy Number: _____ **Group:** _____

Phone Number: _____

Additional Policy (Optional)

Policy Provider: _____

Policy Number: _____ **Group:** _____

Phone Number: _____

I/we accept complete fiscal responsibility for any deductible amounts related to the insurance policy/policies and agree to pay the total of these deductible amounts. It is understood that any team insurance is provided in addition to my own insurance. I/we have read the foregoing Parental Consent Release and Medical Treatment Release statement. I/we understand this authorization statement and sign it voluntarily.

Parent/Guardian 1 Name (Please Print): _____

Parent /Guardian 1 Signature: _____ Date: _____

Parent/Guardian 2 Name (Please Print): _____

Parent /Guardian 2 Signature: _____ Date: _____