



Medical Release and Waiver Form

Player: _____ Telephone # _____
Address: _____ Birthdate _____
City/State/Zip: _____ Cell # _____
Email address: _____ Graduation year: _____
Emergency contact: _____ Phone # _____

I hereby request and grant permission to the directors, instructors, coaches and support staff of the East Coast Baseball Organization, Inc. to provide care to my child in the event of injury or illness if I am not present. Such care may include, but shall not be limited to, first aid treatment, transporting to a medical facility or the summoning of emergency assistance. I, the undersigned parent or appointed guardian of the above named child, do hereby agree to indemnify and hold harmless East Coast Baseball Organization, Inc DBA East Coast Sox Baseball and its directors, managers, coaches, instructors, assistants and support staff from all liability for the above named child's activities of any nature with said association. I acknowledge that participation and related activities in baseball involves an inherent risk of physical injury, and on behalf of the registrant, hereby assume all such risk and do hereby release and forever discharge East Coast Baseball Organization, Inc. and all agents thereof from any and all liability of whatever kind of nature, arising from and by reason of any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, resulting from this registrant's participation in or involvement with an ECB activity (event, clinic, or participation) including any failure of equipment or defect on or in the premises. This medical release and waiver is good for one (1) year from date signed.

SIGNATURE OF PARENT/GUARDIAN:

_____ Relationship _____ Date _____

(Please attach a copy of your insurance card)