



BATAVIA YOUTH BASEBALL
812 MAIN STREET
BATAVIA, ILLINOIS 60510
www.bataviabaseball.com

2020 Summer-Fall WAIVER

By allowing my child to play this upcoming season, I acknowledge that prior to attending EACH practice and game, my player:

- Has a mask.
- Has hand sanitizer.
- Does not have a fever.
- Has not experienced a loss of taste or smell.
- Does not have a headache.

I further understand that in addition to the inherent risks involved in playing baseball, the current health crisis creates additional risk of infection and transmission of the COVID virus. Knowing these risks, I am comfortable with my son or daughter playing baseball, and expressly authorize him or her to attend and participate in both games and practices.

If at any time, I change my mind, and am not comfortable, I will notify the BYB Head of Operations at dmkulczycki@hotmail.com to rescind this waiver. I also understand this waiver is not rescinded until I receive written confirmation of its receipt from Batavia Youth Baseball.

Name of Player

League (Inst, Rook, Min, Maj, Pon)

Date

Printed Name – Parent / Guardian

Signature – Parent / Guardian