

Player Waiver Release 2018



BCML Travel Baseball

Player: _____ League age on 4/30/18 _____*

**Use 2018 BCML age chart for league age, cannot be left blank, can only be one age not the division age range.*

I _____ (Full Name - Parent / Guardian)

Authorize my son to be treated by certified emergency personnel and/or transported to the nearest care facility in the event of an emergency if a parent or guardians is not present.

At least one of the contacts below will be contacted in the event medical care of any kind is required for injuries occurring during team activities. Transportation to and from any venue is not considered a team activity.

_____ Relationship _____ Phone #: _____

_____ Relationship _____ Phone #: _____

Player's Physician: _____ Phone: _____

Hospital Preference: _____

List medical complications or maintenance prescriptions care givers or team officials should be made aware: _____

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the BCML, and all affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with baseball and in consideration for the BCML accepting the registrant for its baseball programs and activities, I hereby release, discharge and/or otherwise indemnify the BCML, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs and/or transportation to or from the same, which transportation I hereby authorize. I authorize use of player photos on the league's website or in newspapers.

Parents/Guardian Signature: _____ Date: _____