

Marlins Baseball Club Fall Parent Consent Form

Player Information

Players Name: _____
Players Age: _____
Players Grade: _____
Players Contact Number: _____
Players Email Address: _____

Parent/ Guardian Information

Parent/ Guardian: _____
Parent/ Guardian Contact Number: _____
Parent/ Guardian Email Address: _____

Parent/ Guardian Name: _____
Parent/ Guardian Contact Number: _____
Parent/ Guardian Email Address: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Statement of Consent

I/ We, the undersigned, hereby certify that I/We am/are the parents or legal guardians of the participant on the form. I/ we hereby give permission for the "Player" to participate in the Marlins Baseball club practice, games, and any other outside activities other than practices or games.

I/ We the undersigned, hereby give permission for the coaching staff and volunteers to seek during practices, games and other outside activities, appropriate medical attention for the participant, for the attention to be given to the participant, and for the participant to receive medical attention and treatment.

I/ We the undersigned, understand that the sport of baseball is an active, physical sport and that injuries can occur. I/ We assume all known and unknown risks of injury to my/our son/daughter. I/ We hereby acknowledge that my/our son/daughter is physically fit and mentally capable of participating in baseball activities and all other activities.

I/ We waive, release, and discharge the coaching staff, support staff, and volunteers of the Marlins Baseball Club and the facilities that host baseball/ other activities for any and all liability claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, personal injury, or property damage that may be sustained or occur during the participation of Marlins Baseball Club activities.

The head coach reserves the right to dismiss players from the team for inappropriate action or behavior with no refund.

My/Our signatures(s) indicate(s) that I/ We have provided true information on the application , and understand all statements on this form.

Signature(s) of Parents(s) or Legal Guardians(s)

Date: _____

Date: _____

