

Parental Release Form

I wish for my child (list all) _____ to participate in the Winsted Youth Baseball & Softball program this summer. I understand accidents and injuries may occur due to the nature of the game. I agree to take full responsibility for all cost resulting from such injuries. I understand that all parties associated with this program are volunteers, and will release them, the City of Winsted, and the Winsted Youth Baseball and Softball Association from all claims to rights to damages for injuries and/or losses suffered by me or my child, whether by training, attendance in or traveling to and from this practice/game, and further I state that I have adequate health and accident insurance to cover any injuries or sickness incurred during this practice/game. **I give the coaches permission to take my child in for medical treatment if required.**

Parental Signature _____ Date _____

Insurance Company _____ Policy # _____

Are there any health problems your child's coach should be aware of?

In case of an emergency, and I can't be reached, contact:

Name _____

Name _____

Phone _____

Phone _____

Address _____

Address _____