

The South Bay Surf

Waiver / Consent and Medical Treatment Authorization Form

Read This Carefully Before Signing

I (print full player name) _____, being of legal age _____ and being born on (month, day, year) _____ wish to participate on an SBS sponsored baseball team (hereafter called "SBS TEAMS"). SBS TEAMS may be required to practice and play games at various fields in the area (hereafter called "FIELDS"). I do assume all risks and hazards incidental to such participation including transportation to and from the FIELDS. I do hereby waive, release, absolve, indemnify and agree to hold harmless SBS, its Board of Directors, team coaches, sponsors, supervisors, managers, participants and the FIELDS for any claim out of injury (including death) to myself.

In the event of injury to myself I hereby grant authority to any qualified physician to render such medical treatment as said physician deems necessary under the circumstances. My treatment is completely covered by my own and/or my group insurance company (ies) which is (are)

My policy number(s) is (are)

I accept complete fiscal responsibility for any deductible amounts related to the insurance policy (ies) and agree to pay the total of these deductible amounts. It is understood by signature below that any SBS insurance is additional to my own insurance.

I have read the foregoing Consent Release and Medical Treatment Release statement. I understand this authorization statement and sign it voluntarily.

Parents Signature

Print Name

Phone #

Date Signed _____