



# POWER BASEBALL USA

*Where The Stars of Tomorrow Train Today*

## Participant Information

Student's Full Name	Birth Date	Home phone Number	Parent's Work Phone
Name of Parent/Guardian	Email Address		Parent's Cell Phone
Address		City, State, Zip	

## Medical Information

Describe Medical Condition	Medication	Dosage	Frequency of Dosage
1.			
2.			
Emergency Contact	Phone	Relationship to Student	
Family Physician	Physician's Phone Number		
Anything else we should know?			

## Medical Release and Waiver of Liability

As parent/guardian of the student designated above ("Student") I understand that protective equipment cannot prevent all injuries a Student might receive while participating in sports activities. In case of emergency, if I am not immediately available I hereby authorize Student to be treated by Certified Emergency Personnel (i.e., EMT, First Responder, Emergency Room Physician, etc.).

By enrolling the above Student in the Power Baseball USA and/or The Master's School programs or activities, I ensure that such individual is physically and mentally able to participate in all of the Power Baseball USA and/or The Master's School programs or activities and has been examined by a licensed medical physician within one (1) year prior to attending the Power Baseball USA and/or The Master's School programs or activities. I understand that the Power Baseball USA and/or The Master's School, their shareholders, members, directors, officers, trustees, employees, volunteers, advisors, representatives, independent contractors, agents, assigns, and the property on which the Power Baseball USA and/or The Master's School is located cannot be held responsible in whole or in part for any accidents, illness or injuries resulting in medical or dental expenses incurred from participation in any of the Power Baseball USA and/or The Master's School programs or activities. I hereby release each of the above named parties from and against any and all claims, costs, liabilities and injuries incurred while at the Power Baseball USA and/or The Master's School, or while participating in any activities of or related to the Power Baseball USA and/or The Master's School. I agree to assume full and complete responsibility for any and all medical bills arising from a Student's participation in the programs or activities of the Power Baseball USA and/or The Master's School, and hereby agree to indemnify and hold the aforementioned parties harmless from any and all liability associated with the Student's participation at the Power Baseball USA and/or The Master's School or in Power Baseball USA and/or The Master's School functions, including all costs and fees incurred by the aforementioned parties.

By signing this Waiver and Release agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS, INCLUDING THE PERMISSION TO TREAT AGREEMENT (ABOVE) AND OTHER RELATED DOCUMENTS PRESENTED TO ME BY THE POWER BASEBALL USA AND/OR THE MASTER'S SCHOOL PRIOR TO ENGAGING IN ANY ACTIVITIES AT THE POWER BASEBALL USA AND/OR THE MASTER'S SCHOOL and, I hereby accept the terms above stated and have executed this waiver and release voluntarily and with full knowledge of its significance to be binding on me, my heirs, executors, administrators and assigns.

The undersigned parent/guardian does hereby represent that he/she is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify the Power Baseball USA and/or The Master's School, and their respective members, directors, officers, trustees, employees, volunteers, advisors, representatives, independent contractors, agents, assigns, and the property on which the Power Baseball USA and/or The Master's School is located from liability, loss, cost, claim or damage of whatever kind and nature which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student: Parent  Guardian  Self