

OLMSTED TRAVEL BASEBALL ASSOCIATION

P.O. Box 38204, Olmsted Falls, Ohio 44138

Facebook: OlmstedTravelBaseball **Twitter:** @OlmstedBaseball

Website: www.olmstedtravelbaseball.com

RELEASE & CONSENT FOR MEDICAL TREATMENT FOR MINOR

Registrant's Name (please print)

Street Address City, State, Zip

Primary Phone Number

Secondary Phone Number

Emergency Contact Name

Emergency Contact Phone

RELEASE

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Olmsted Travel Baseball Association, its affiliated organizations, and sponsors. Recognizing the possibility of physical injury associated with baseball and in consideration for the Olmsted Travel Baseball Association, accepting the registrant for its baseball programs and activities (the Program), I hereby release, discharge, and/or otherwise indemnify the Olmsted Travel Baseball Association, its affiliated organizations, and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from same, which transportation is hereby authorized.

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the registrant, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions as necessary to preserve the life, limb, or well being of my dependent.

Manager Name (please print)

Parent or Legal Guardian (please print)

Manager Signature / Date

Parent Signature

Date

BOARD OF DIRECTORS

President: Bob Kelley 440-376-0790
Vice President: Ryan Mezinger 440-476-2409

Treasurer: Brian Gillette 216 640 0882
LCHS Director: Andy Monyak 440-476-5464