TEAM_____

Date_____

East Valley Baseball Inc., Chandler
Team Player Participation Form

The parent(s) or legal guardian(s) of the referenced named candidate for a position on a baseball team, hereby give my/our approval to participate in any and all baseball activities, including transportation to and from the activities. I/We authorize East Valley Baseball, Chandler, to use or release e-mail, phone, or fax information, and/or photography for the purpose of promotion, communication or as deemed necessary by East Valley Baseball, Chandler representatives. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless East Valley Baseball Inc., Chandler, the organizers, sponsors, participants and persons transporting my/our children to and from activities for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. In Case of Emergency, I/We hereby give our consent for all medical care prescribed by a duly licensed Doctor of Medicine for the player indicated above. This care may be given under whatever circumstances are necessary to preserve the life, limb or well being of player. I/We will be responsible for any deductible made on a claim for this insurance policy. I/We understand that East Valley Baseball Inc. has insurance that will only be used as a secondary coverage if necessary and does not include hospitalization insurance.

Player	**Parent/Guardian**