



**OFFICIAL PONY Girls Softball  
Medical Release Form**

**TO WHOM IT MAY CONCERN:**

**This is to certify that I, parent or guardian of \_\_\_\_\_  
a player on the \_\_\_\_\_ team,  
hereby grant permission to the adult manager, coach and business  
manager of the team to obtain medical care from any licensed physician,  
hospital, or medical clinic for the player named herein at such times as  
either parent or legal guardian cannot be contacted in person or by  
telephone. This authorization shall include all league activities, including  
the period required to travel to and from those activities; and we do hereby  
waive, release, absolve, indemnify and agree to hold harmless the local  
PONY Girls Softball organization; PONY Girls Softball; the organizers,  
supervisors, participants, and persons transporting the player to and from  
those activities, for any claim arising out of an injury to the player.**

**SIGNED \_\_\_\_\_**

**RELATIONSHIP \_\_\_\_\_**

**DATE \_\_\_\_\_**

**A medical release form, signed by the player's parent or legal guardian MUST  
be provided for each player on the tournament team in order that physicians  
and hospitals will accept players for treatment in the event of illness or injury  
when the parents or legal guardian are not available.**