Playball PONY Baseball Inc. Medical Release /Code of Conduct

DIVISION	TEAM	
PLAYER	AGE/DATE OF BIRTH	/
STREET ADDRESS		
CITY, STATE	ZIP CODE	
HOME PHONE	SCHOOL/DISTRICT	
INSURANCE COMPANY	POLICY NUMBER	
GUARDIAN #1	CELL PHONE	
	E-MAIL ADDRESS	
GUARDIAN #2	CELL PHONE	
	E-MAIL ADDRESS	
EMERGENCY CONTACT	CELL PHONE	
I hereby grant permission to the adult manager, coach, trainer, or business manager of the team to obtain medical care at my expense, from any licensed physician, hospital, or medical clinic, for the player named herein at such time 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 Playball PONY Baseball, Inc. , the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.		
We will conduct ourselves in a proper and socially acceptable manner and at all times exhibit behavior that supports the health, safety, and well-being of others. We will abstain from any type of conduct intended to humiliate or intimidate others. I understand that the use of tobacco, alcohol, and drugs is strictly forbidden. I also understand that the use of profanity, offensive language and ethnic slurs		

abide by all the laws, rules, regulations and ordnances whether city, state, local, or league. I understand that the violation of any of these may result in the removal of the violator from the facility and may result in removal for the season.

By signing below I agree to the above and further agree to abide by the Codes of Conduct as listed on the AZPlayball.com website.

is forbidden and that good sportsmanship must be adhered to at all times, by the players, coaches, and spectators. We pledge to

Parent Signature:

Date:

Date: