



PIPER DAVIS NATIONAL BASEBALL

PERMISSION FORM

Please Print

Age _____

Child's Name: _____, _____ D.O.B. ____/____/____
Last Name First Name

Address: _____ City/State: _____ Zip: _____

Phone#: _____ Emergency Phone# _____

Cell Phone# _____ School: _____

I, _____ give permission for my child to participate in Piper Davis National Inner-City Clinic. The organization is released of any liability in the event of any injuries which result from the normal play of the game. I will assume all financial responsibility for my child's injuries, as well as all financial responsibility including damage to persons and property inflicted by my child. Piper Davis Baseball League has my permission to take reasonable measures in an emergency, including seeking medical treatment.

I fully understand and agree to the terms stated above.

I also agree to turn in all equipment that is issued to my child at the end of the clinic.

_____ I have medical insurance that covers my child.

_____ I **do not** have medical insurance.

Coverage provided by: _____ Policy#: _____

Does your child have any medical problems? _____ Yes _____ No

If yes, please explain: _____

Last physical _____

Date

Signature of Parent/Legal Guardian