K.I.D.S.

Kids International Diamond Sports

www.kidsbaseball.org Phs. 562-824-3190 562-833-2097 Fax 562-634-3295 Info@kidsbaseball.org

Team Roster and Medical Release

Team Name	Sport *(circle one)*	Age Division
Team Address	City and State	Zip Code

This is to certify that the undersigned is the legal parent or guardian of a player on the _____ team and hereby grants permission to the adult manager, coach and business manager of the team to obtain medical care from an licensed physician, hospital or medical clinic for the player named herein at such times as either parents or activities for the duration of the baseball tournament and season, including the period required to travel to and from those activities

The undersigned hereby waives, releases, absolves, indemnifies and agrees to hold harmless the organizers supervisors, participants and persons transporting the players to and from activities, for any claims, demands or injuries to the players

Player #	Player Name	DOB	Age	Parent Name	Signiature

I, as a coach, manager, representative of this team, take responsibility for the actions of my players on and off the field.

_____(name printed) _____ (Signature)