



## PARENTAL AUTHORIZATION – MEDICAL RELEASE

I, as the parent/guardian of \_\_\_\_\_, do hereby give my  
(player's name)  
approval for their participation in any and all Sting Girls Fast Pitch Softball activities. I hereby grant my permission to managing personnel or other organizational representative to authorize and obtain medical care, at my expense if not covered under insurance purchased through the organization, from any licensed physician, hospital, or medical clinic should the player become ill or injured while participating in Sting Girls Fast Pitch Softball activities away from home, or where neither parent/guardian is available to grant authorization for emergency treatment. I assume all risks and hazards incidental to my child's participation, including transportation to and from the activities; and do hereby waive, release, absolve, indemnify and agree to hold harmless the local organization, Sting Girls Fast Pitch Softball, the organizers, sponsors, supervisors, participants and persons transporting the player to and from the activities, for any and all claims arising out of an injury to the player.

Parent(s) or Legal Guardian(s): \_\_\_\_\_  
(Print Name)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_