

MEDICAL RELEASE AND PARENTS' APPROVAL OF PARTICIPATION

I, (parents' name) _____, hereby certify by my medical doctor's name and signature that my child,

(child's name) _____, is physically able to play baseball during the 2025/2026 season for Celtic Catholic Youth Organization. I understand and realize that, in case of injury in participating in this baseball program, the Celtic Catholic Youth Organization, its organizers and coaches are not legally liable for such injury, expense or incident which might occur during practice, games or travel in regard hereto.

I further grant permission for the organizers and coaches to secure medical services for my child if it is deemed necessary in case of emergency. In regard thereto, it is my further understanding that neither the coaches nor organizers accept liability for payments of any resulting bills from the above actions taken.

I further understand that there is no insurance carried by the baseball team, its organizers or coaches and state that I have adequate insurance and other means to pay all costs of any baseball-related accident.

Parents' Name: _____ Phone: _____

Parents' Signature: _____ Date: _____

Medical Doctor's Name: _____

Medical Doctor's Signature: _____ Date: _____

Hospital Preference: _____

Parent's Phone Number During Practice: _____

(6:00 p.m. until 8:00 p.m.)