



## Parental Authorization, Medical/Photography Release and Team Roster

I, as the parent or guardian of the player listed below, do hereby give my approval for their participation in any and all Sylmar Independent Baseball League, Inc. (SIBL) league activities. I hereby grant my permission to managing personnel or other league representatives to authorize and obtain medical care, at my expense, from any licensed physician, hospital or medical clinic should the player become ill or injured while participating in league activities away from home, or where neither parent nor legal 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 SIBL, 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.

I certify that my child participating in this activity, as registered herein is covered by proper insurance of a primary nature, sufficient to cover any and all loss that may occur due to injury while participating in any SIBL league activity.

I further agree to furnish a certified birth certificate for the player, upon request of league officials.

I grant to SIBL, the right to take photographs of me and my family in connection with this event. I authorize SIBL, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I also agree that SIBL may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

Player Name	Age	Birthday	Parent Signature
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**Insurance Company:** \_\_\_\_\_ **Policy No.:** \_\_\_\_\_  
**Team Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Manager:** \_\_\_\_\_ **Signature:** \_\_\_\_\_