

# Youth Baseball Weekend Tournament Consent Form

## Participant Information

Player's Full Name:

Date of Birth:

Team Name:

## Parent/Guardian Information

Parent/Guardian Name:

Emergency Contact Number:

## Consent and Release

I hereby give permission for my child to participate in the Youth Baseball Weekend Tournament. I accept full responsibility for my child's participation and agree to release the organizers, coaches, and volunteers from any liability or claim arising out of or in connection with the event and related activities.

I confirm that my child is in good health and able to participate in all activities associated with the tournament. I authorize medical treatment for my child in case of emergency.

## Medical Information

List any allergies, medical conditions, or medications:

Parent/Guardian Signature:

Date:

