## **OLMSTED TRAVEL BASEBALL ASSOCIATION**

P.O. Box 38204, Olmsted Falls, Ohio 44138

## RELEASE & CONSENT FOR MEDICAL TREATMENT FOR MINOR

Registrant's Name (please print)

Street Address City, State, Zip	
Emergency Contact Name	Emergency Contact Phone
Olmsted Travel Baseball Association, its affiliated of physical injury associated with baseball and Association, accepting the registrant for its bar release, discharge, and/or otherwise indemniforganizations, and sponsors, their employees of fields and facilities utilized for the Programs result of the registrant's participation in the Protransportation is hereby authorized.  CONSENT FO  As the parent or legal guardian of the registral	RELEASE or, agree that I and the registrant will abide by the rules of the ated organizations, and sponsors. Recognizing the possibility of in consideration for the Olmsted Travel Baseball seball programs and activities (the Program), I hereby by the Olmsted Travel Baseball Association, its affiliated of the volunteers and associated personnel, including the owners of against any claim by or on behalf of the registrant as a cograms and/or being transported to or from same, which the remaining of the program of
Manager Name (please print)	Parent or Legal Guardian (please print)
Manager Signature / Date	Parent Signature
Assistant Manager's Name (please print)	Date
Assistant Manager Signature / Date	

OLMSTED TRAVEL BASEBALL ASSOCIATION BOARD OF DIRECTORS