

Parental Release Form

I wish for my child \_\_\_\_\_ to participate in the LPYSBA program this summer. I understand accidents and injuries may occur due to the nature of the game. I agree to take full responsibility for all cost resulting from such injuries. I understand that all parties associated with this program are volunteers, and will release them from all claims to rights to damages for injuries and/or losses suffered by me or my child, whether by training, attendance in or traveling to and from this practice/game, and further I state that I have adequate health and accident insurance to cover any injuries or sickness incurred during this practice/game.

Are there any health problems your child's coach should be aware of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, and I can't be reached, contact:

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

As a parent, I will support my child by attending as many games as possible, and by being a positive spectator by cheering the team on, rather than yelling at umpires and others.

I will remember to appreciate those who volunteer their time on behalf of my child and treat them with respect and cooperation. I will help out in some way if possible.

Parent's Signature (required) \_\_\_\_\_  
Date \_\_\_\_\_

**THIS ORGANIZATION IS HERE FOR THE ENJOYMENT OF YOUR CHILDREN. TO TEACH THEM NEW SKILLS AND SPORTSMANSHIP, AND TO HAVE FUN!!YOUR INVOLVEMENT IS VERY MUCH APPRECIATED.**