

TC Baseball Inc  
DBA Fort Bend baseball League  
**PARENTAL AUTHORIZATION - MEDICAL RELEASE**

*TO BE KEPT BY THE PERSON IN CHARGE OF THE TEAM DURING PRACTICES AND GAMES.*

I/We, Parent/Guardian(s) of (player's name) \_\_\_\_\_ a minor, do hereby authorize **FORT BEND BASEBALL LEAGUE** as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered at the office of said physician/surgeon or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment, or hospital care which aforementioned physician/surgeon in the exercise of his/her best judgment may deem advisable.

I/We hereby authorize any hospital which has provided treatment to the above minor to surrender to physical custody such minor to the above named agent upon completion of treatment. I/We assume all risks incidental to such participation, and do hereby agree to hold harmless TC Baseball Inc. DBA **FORT BEND BASEBALL LEAGUE** for any claim(s) arising out of an injury to the player. Excess Accidental Insurance is provided by **FORT BEND BASEBALL LEAGUE**. These authorizations shall remain in effect until December 31, 2011.

**Parent/Guardian(s) Insurance Co.** \_\_\_\_\_  
**Policy/Group #** \_\_\_\_\_

**Known Allergies** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Physician's Phone #** \_\_\_\_\_

\_\_\_\_\_  
(Parent/Guardian Signature and Date  
\*\*\*\*\*

State of Texas  
County of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_

\_\_\_\_\_  
My Commission Expires \_\_\_\_\_