

PENNSYLVANIA YOUTH AMERICAN LEGION BASEBALL
PALB Form #2 – Player Indemnification Agreement

NAME: _____ BIRTHDATE: _____

PARENT'S ADDRESS: _____ SCHOOL DIST: _____

CITY: _____ STATE: _____ ZIP: _____ HOME PHONE: (____) _____

Check box if you were residing at above address as March 31 of the current year.

If not where _____

I certify that the information listed above regarding me is correct and I agree to devote my entire service as an American Legion Baseball player this season to _____ (Team Name), and I agree to abide by all the rules and regulations of American Legion Baseball. I agree to the sole, exclusive and final jurisdiction and authority of The American Legion National Appeals Board over any rulings, dispute, disagreement or subject matter having to do with or have any impact or effect upon The American Legion Baseball Program, rules, tournaments, administration or games.

Voluntarily and of my own free will, I elect to participate as a member of the Youth American Legion Baseball Team sponsored by _____. I further understand that the very nature of baseball has its hazards, which can cause serious injury and death.

Finally, I release, discharge and agree not to sue the team or The American Legion on which baseball was practiced or played by my team. I further agree that I shall hold harmless and fully indemnify The American Legion, its officers, employees or any person connected with the team, its agents, coaches and managers.

PARENT'S SIGNATURE _____ DATE _____

Parent's Consent and Release Form

(To be completed and signed by parent or guardian. Where parents are separated or divorced, this form must be signed by parent having legal custody as established by a court.)

1. I/We have read the player agreement and release of liability/indemnification agreement above and agree to allow our son/daughter to participate in American Legion Baseball.
2. I/We understand and acknowledge and appreciate the risks and dangers involved in allowing our son/daughter to participate in American Legion Baseball and I/we assume all risks of injury and damage incident to his/her participation in American Legion Baseball. I/We further in consideration of the privilege to play American Legion Baseball, hereby release, discharge and relinquish The American Legion, its officers, agents, their representatives, employees and officials of and from all claims, demands, actions and cause of action of any sort, for any injuries sustained by our son/daughter.
3. FURTHER, I/we agree to the sole, exclusive and final jurisdiction and authority of The American Legion, Department of Pennsylvania over any question, dispute, disagreement or ruling involving our son/daughter or their team.

FINALLY, I/we agree in the event of illness or injury to my son/daughter during an American Legion Baseball game or practice, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as my be deemed medically necessary in order to assure the safety of my child.

Parent's Signature _____ Relation: _____

Date _____ Family Physician & Phone Number _____

Emergency Contact Person _____ Emergency Telephone _____

Parent's Medical Insurance Carrier & Policy Number: _____

TEAM MANAGER SHALL RETAIN ORIGINAL COPY TO BE FILED WITH ROSTER