



MEDICAL RELEASE & PHOTOGRAPHY CONSENT FORM

PLAYER'S NAME: _____

ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL _____

Mother's email: _____

Father's email: _____

MEDICAL INSURANCE COMPANY: _____ POLICY # _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Manager: Charles Scott and or one of Future Prospects Coaches
- A league representative where my child is playing and any tournament representative where my child is participating in a tournament.

PHYSICIAN: _____ PHYSICIAN ADDRESS: _____

PHONE: _____ PREFERRED HOSPITAL: _____

KNOWN ALLERGIES:

Parent/Guardian) _____ Date _____

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

I as the parent or legal guardian of the applicant, do hereby give my approval to his/her participation in any and all activities of the Future Prospects Travel Baseball Program. I assume all risks and hazards incidental to such participation including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the Future Prospects Baseball, sponsors, managers, coaches, and any volunteers connected with this program, from any and against any and all liability for any injury suffered by me or my child arising out of or in any way connected with participation in any of the Future Prospects programs. This includes tryouts, workouts, clinics, camps and/or travel baseball programs.

In addition, I hereby give permission for Future Prospects Instructional Baseball, Owner, Charles Scott or respective employees to use photos taken of my child while attending a tryout, workout, clinic, camp or travel baseball. These photos may be used for website advertising and other electronic forms of communication- Social Media platforms. Future Prospects Baseball assigns and licensees, all personal rights to any use to be made of me, my name or my statements in connection with the use of photography containing me or my child's picture.

Signature of Parent/Guardian: _____ Date: _____

This form is valid for 1 year from date listed above.