



**New Hampshire Knights/Nashua Baseball Academy
Waiver Authorization
Emergency Medical Treatment Form**

I certify that my child, _____, is in good health and may participate with the New Hampshire Knights baseball club. I acknowledge that the activities on the field during games and practices at any facility including Daniel Webster College, and the Nashua Baseball Academy facilities include risks of personal injury, and, do hereby waive any claims or potential claims for injuries against the New Hampshire Knights baseball club, the Nashua Baseball Academy, LLC, Daniel Webster College and any coaches or staff, employees of the Academy, owners, landlords, members or volunteers. It is understood that The Nashua Baseball Academy, LLC, and the New Hampshire Knights baseball club, its coaches and staff, its owners, members, landlord, volunteers, employees, or anyone associated with its programs including Daniel Webster College are not responsible for accidents resulting in medical, dental, or other expenses. In case of emergency, I grant permission for my child to be given emergency medical treatment at a local hospital. I understand this authorization will only be enforced when I cannot be contacted and/or cannot provide for immediate treatment.

Date _____ Parent or Guardian _____

Insurance Company _____ Policy # _____

Physician _____ Preferred Hospital _____

Home Phone _____ Cell Phone _____

