

**Princeton-Cranbury
Babe Ruth League & Senior Babe Ruth
Calendar Year 2009 Release Form**

Player's Name:

Medical Insurance Company:

Medical Insurance Policy Number:

I, the undersigned, a parent or guardian of the above-named player (the player) in the Princeton-Cranbury Babe Ruth League (PCBRL), give my permission and approval for the player's participation in all PCBRL activities for the calendar year 2009. I further agree to assume all risks and hazards incidental to such participation.

I do hereby waive, release, and absolve any person or organization involved in PCBRL activities from any claims arising out of an accidental injury to the player. These persons and organizations include, but are not limited to, the PCBRL board of directors, sponsors, players, coaches and other volunteers, the Borough and Township of Princeton, and the Princeton Recreation Department.

I am not aware of any physical or mental condition or restriction that would prevent the player from participating in the PCBRL.

I do hereby give my consent to treatment of the player at the Emergency Room of the Princeton Medical Center or other medical institution if he or she is taken there at the direction of a coach or other volunteer. This treatment pertains to any life threatening situation and other medical emergencies such as fractures, dislocations, cuts, and concussions.

Parent or Guardian:

Name:

Signature:

Date: