



MEDICAL AND LIABILITY RELEASE  
WITH PARENTS' APPROVAL OF PARTICIPATION

I, \_\_\_\_\_  
*(parent's printed name followed by signature)*

hereby certify by my medical doctor's name and signature that my child, \_\_\_\_\_  
*(child's printed name)*

is physically able to play BASEBALL during the 2010 season with the COF Rocket Boys Baseball Team. I understand and realize that, in case of injury in participating in this baseball program, the Catholic Order of Foresters, its organizers and coaches are not legally liable for such injury, expense or incident, which might occur during practice, games or travel in regard hereto.

I further grant permission for the organizers and coaches to secure medical services for my child if it is deemed necessary in case of emergency. IN regard thereto, it is my further understanding that neither the coaches nor organizers accept liability for payments of any resulting bills from the above actions taken.

I further understand that there is no insurance carried by the COF Rocket Baseball Team, its organizers or coaches and state that I have adequate insurance and other means to pay all costs of any baseball-related accident.

Medical Doctor's Printed Name: \_\_\_\_\_

Medical Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Parent's Contact Phone Number during Practice or Games: \_\_\_\_\_

Enrollment fee is \$75.00 made out to "COF Rockets"; a separate, fully refundable (when equipment is returned in good and clean condition) equipment deposit of \$50.00 is required when equipment is issued. PLEASE ISSUE TWO CHECKS FOR INSTEAD OF ONE FOR \$125.00. Ideally, interested players should have the required medical exam and complete this form (including the medical release) and bring it, along with appropriate checks to "COF Rockets" at equipment checkout.

Players Printed Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade and School enrolled in 2010 school year: \_\_\_\_\_

Mothers Name      Address      Contact Phone (cell/work)      email

Fathers Name      Address      Contact Phone (cell/work)      email

*Note for more information on the COF Rocket Baseball Team visit <http://eteamz.com/cofrocks>*