

TIM MONTEZ BASEBALL ACADEMY at OUAZ

AUTHORIZATION FOR TREATMENT AND RELEASE OF LIABILITY

I certify that my SON/DAUGHTER is in good physical condition and can partake in the daily schedule of events. I grant permission for the BASEBALL COACHES AT OUAZ to act for me according to their best judgment in any emergency requiring medical attention, including treatment at a local hospital. I hereby waive and release Tim Montez Baseball Academy, OUAZ and Valley Vista HS, its officers, directors and all employees from any personal liability arising out of the applicant.

Player Name (please print) _____

Parent/Guardian Signature _____

Insurance Company _____

Policy Number _____

List any allergies _____

TIM MONTEZ BASEBALL ACADEMY AT OUAZ
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