

**BASEBALL/FASTPITCH**  
**Medical Lake School District**  
**Medical Lake High School**

**WARNING/AGREEMENT TO OBEY INSTRUCTIONS**

**STUDENT'S NAME:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

(Please Print)

(Prior to participating, both the student and parent must read carefully and sign)

I am aware that baseball/fastpitch is a high-risk sport and that practicing or competing in baseball/fastpitch will be a dangerous activity involving **MANY RISKS OF INJURY**. I understand the dangers and risks of practicing and competing in baseball/fastpitch include but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system, and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers and risks of practicing or competing in baseball/fastpitch may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life. I also understand that the sport in which I participate may be so inherently dangerous that no amount of reasonable supervision, protective equipment or training can eliminate all vestiges of danger. I am informed the District does not assume the responsibility for the medical services required for these risks.

Because of the dangers of baseball/fastpitch, I recognize the importance of following the coaches' instructions regarding techniques, training and other team rules, etc., and to agree to obey such instructions.

In consideration of the Medical Lake School District permitting me to try out for the Medical Lake High School baseball/fastpitch team and to engage in all activities related to the team, including but not limited to trying out, practicing or competing in baseball/fastpitch. I have read the above warnings and I understand their terms.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Athlete  
\*\*\*\*\*

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_.  
In consideration of the Medical Lake School District permitting my child to try out for the Medical Lake High School baseball/fastpitch team and to engage in all activities related to the team, including, but not limited to, trying out, practicing or competing in baseball/fastpitch, I have read the above warning and I understand their terms.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Parent/Legal Guardian

2/3/10

**TURN FORM OVER SIGNATURES REQUIRED ON BOTH SIDES**

**BASEBALL/FASTPITCH**  
**Medical Lake School District**  
Medical Lake High School  
**SAFETY GUIDELINES**

**(Prior to participating, both the student and parent must read carefully and sign)**

When a person is involved in any athletic activity, an injury can occur, especially in a contact sport. One should be aware the information presented in these safety guidelines is to inform the athlete of proper techniques and inherent dangers involved with this particular activity.

There is a chance of broken bones, severe concussions, and back injuries, which could lead to some form of paralysis. Not all potential injury possibilities in this sport are listed, but athletes should be aware that fundamentals, coaching and proper-fitting equipment are important to the safety and enjoyment of the sport.

1. Proper warm-up is essential before strenuous activity takes place.
2. Proper protective equipment required by rule must be worn at practices and in competition.
3. Perform only those skills and techniques as instructed and/or supervised by your coach.
4. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
5. Remove all jewelry and metal hair fasteners and other body adornments as required by rules and regulations for baseball.
6. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with baseball. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing where tracking a fast moving object is paramount.
7. The bat can be potentially dangerous. Use only approved bats and use bats for their intended purpose.
8. Be aware of your surroundings both home and away including but not limited to batters warming up, thrown bats, thrown or batted balls, out-of play markers or boundaries including fences or railings and field conditions such as holes, lips on grass infields and lighting conditions.
9. One person at a time in the on-deck-circle. Swing only one bat while taking practice swings. Use a bat ring that will not slide off the thick end of the bat.
10. Always use approved helmets for all batting, catchers, base running and base coaches.
11. Be aware of the potentially serious injuries to your ankles, knees and legs if you do not follow correct procedures in base running. Slide only as directed by and using only techniques taught by your coach.
12. Be aware of instructions regarding communication between players, i.e. calling off players on fly balls, awareness of backstops and field boundaries and cutting off throws, etc.
13. Notify the coach immediately if injured.

\*\*\*\*\*

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the baseball/fastpitch program

\_\_\_\_\_

Date

\_\_\_\_\_

Athlete's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Legal Guardian

**BASEBALL/FASTPITCH**  
**MEDICAL LAKE HIGH SCHOOL**  
**ATHLETIC MEDICAL RELEASE 2018-2019**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
(Please Print)

**INSURANCE PROTECTION**

Insurance coverage is mandatory for participation in any school activity. Our district's insurance coverage does not provide medical insurance coverage for school accidents. This means you are responsible for the medical bills if your child is hurt during school or school activities. The school's liability coverage will provide protection if the district is found to be negligent in some manner; however, a slip or fall is rarely the fault of the school district. A brochure outlining student insurance is available from the main office.

Please send home a brochure on the insurance program. I will be enrolling my student in this program and I understand my student will not be eligible until the form, with payment, is returned to the school.

OR

We have personal medical insurance and our insurance carrier is: 

\_\_\_\_\_  
(Name of Insurance Company this is MANDATORY)

**ATHLETIC MEDICAL RELEASE**

In the event of an emergency, authorization is hereby given for any x-ray examination, anesthesia, medical or surgical diagnosis or treatment and hospital service that may be rendered whether such diagnosis and/or treatment is rendered at a local physician's office or licensed hospital. It is understood this consent is given in advance of any specific diagnosis or treatment required, but is given to encourage said physician to exercise his/her best judgment as to requirements of such diagnosis or treatment. This consent shall remain in effect for the current sport season only.

\_\_\_\_\_  
Parent/Guardian Signature

Date \_\_\_\_\_

## Consent to Use Private Transportation

Dear Families,

Medical Lake School District provides transportation to all athletic and activity, district-sponsored **competition** events. Conveniently, the majority of practices for these activities take place on the Medical Lake High School campus. As a result, transportation to these practices is not required. However, there are 3 sports that practice and compete off-campus resulting in the athletes needing to provide their own transportation to and from all events. These three sports are listed below:

- Boys' soccer uses **Shepard Field** in Medical Lake which is located 1 mile from the HS campus.
- Softball uses **George Spilker Complex** which is located a half mile from the HS campus.
- Boys/Girls Golf uses the **Fairways Golf Course** which is located approximately 15 miles from the HS campus. **The district does provide transportation to daily golf practice but athletes do have an option to complete this release if they wish to transport themselves.**

Many boys' soccer and softball players walk to practice and games after school since those facilities are reasonably close to the HS campus. For students with a valid driver's license and automobile insurance, there is an option to drive their own vehicle with parental/guardian consent.

I/We knowingly give my/our permission for \_\_\_\_\_ (said child) to use his/her own vehicle for transportation to, during, and from **Golf   Softball   Boys Soccer** (please circle one)

I/We hereby release Medical Lake School District from any and all liabilities incurred and further Hold Harmless and Indemnify the Medical Lake School District from any and all claims that may result while my student is traveling to, during, or from the said activity, and/or participating in this activity.

\_\_\_\_\_  
Automobile Insurance Company

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date