

LARCHMONT-MAMARONECK LITTLE LEAGUE

RETURN TO PLAY

PARENT ACKNOWLEDGEMENT

Name of player: _____

Nature of injury (check all that apply):

Possible or diagnosed concussion

Other injury/illness preventing participation in LMLL activity for more than 7 days
(please describe in space below):

I am the parent/legal guardian of the player listed above and hereby request that he/she be permitted to return to full participation in LMLL activity following recovery from the condition(s) indicated above. I acknowledge that the player has received an evaluation and written clearance from a physician or other accredited medical provider for a return to full baseball/softball activity, and have provided such evaluation and clearance to the player's coach to be given to LMLL and relied upon by it in permitting the player to return to full participation.

I know that participation in baseball, softball or kickball may result in serious injuries and protective equipment does not prevent all injuries to players, and we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Larchmont-Mamaroneck Little League, Little League Baseball Incorporated, the organizers (and their families), sponsors, supervisors, participants, LMLL Board Members, umpires, coaches, and persons transporting my/our child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Name of parent/legal guardian: _____

Signature: _____

Date: _____