



**All youth leagues registering ASA must have the following statement on their individual player sign up form OR have this letter attached and signed.**

**The league is required to have this document on file for three years.**

**Consent for Medical treatment & Liability waiver ---- Affidavit (Minor)**

**As the parent or legal guardian of the above-named player, I hereby give my consent to \_\_\_\_\_ league for emergency medical care as prescribed by a duly licensed Doctor of medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. I release, discharge & agree not to sue the ASA or Central California ASA, their officers, umpires, agents, servants, and employees for any claims, damages, costs or cause of action in the future resulting from the injury.**

**Name of Player (print): \_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_**

**Date of Signature: \_\_\_\_\_**