

PAC-WEST BASEBALL
Waiver Form – Instructional League

I, _____, hereby certify that my child, _____, is in sound physical condition and is able to participate in the Boys of Summer and/or the Fall Classic Instructional Leagues. I shall assume full financial responsibility if he is injured—requiring treatment above and beyond the care provided by Pac-West Baseball. I shall not expect, nor request, any financial aid from Pac-West or any agency representing Pac-West Baseball.

Parent/Guardian Signature

Date ___ / ___ / ___

****Please bring this waiver form to the first session***