



# Cooperstown All Star Village

## Parental Authorization and Consent Form

I \_\_\_\_\_ am the

(Please print name)

(Mother/father/legal guardian) of \_\_\_\_\_(name of child)

who is enrolled as a camper at Cooperstown All Star Village during the week of

\_\_\_\_\_ (date) on the authorization and entrust the individuals listed

below to act in my place, to make the necessary decision and act in my place, to exercise full parental rights and authority (including medical care AUTHORIZATION) AND CONTROL OVER CHILD WHILE AT THE Cooperstown All Star Village.

List the coaches from your team roster and nay other persons who you authorize to act on your behalf to execute parental authority and control over your participant (player) while at the Cooperstown All Star Village: (please print names of coaches)

Team Name: \_\_\_\_\_

1. \_\_\_\_\_

4. \_\_\_\_\_

2. \_\_\_\_\_

5. \_\_\_\_\_

3. \_\_\_\_\_

6. \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/Guardian Signature)