



Dirigo Vintage Base Ball Club

MINOR PERMISSION FORM

I, _____

do hereby give my permission as parent and or legal guardian of _____

On this date: _____

I am giving permission for my son/daughter to actively engage in all Dirigo Vintage Base Ball Club assemblages and activities.

I further allow members of the Dirigo Vintage Base Ball Club to act on my behalf and authorize emergency medical care should my minor son/daughter become ill or injured at an event.

Is the minor covered by Medical Insurance? Yes No

If "Yes", please provide the name of the carrier: _____

I understand if this permission is to be withdrawn, it must be done so in writing.

Parent or Guardian signature: _____

Witness: _____

Date: _____

Mail this form, Application For Membership form and payment to:

Mark A. Rohman
13 Cummings Ave.
Augusta, ME 04330