



# Cooperstown All Star Village Parental Authorization and Consent Form



I \_\_\_\_\_ (please print name)  
am the Mother/Father/Legal Guardian (Circle one) of

\_\_\_\_\_ (players' name)

who is enrolled as a camper at the Cooperstown All Star Village during the week  
of (date) \_\_\_\_\_. I authorize and entrust the individuals listed below  
to act in my place, make necessary decisions in my place, to exercise full parental  
rights and authority (including medical care authorization) AND CONTROL OVER  
THE CAMPER WHILE AT the Cooperstown All Star Village.

Please list the coaches from your team roster and any other individual(s) whom  
you authorize to act on your behalf, to execute parental authority & control over  
your camper/player while at the Cooperstown All Star Village:

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

Please Print:

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

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

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

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Email address \_\_\_\_\_

Phone \_\_\_\_\_