



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 _____