



COOPERSTOWN DREAMS PARK

PARENTAL AUTHORIZATION AND CONSENT FORM

I, _____ (*please print your name*), am the

_____ (*mother/father/legal guardian*) of
_____ (*name of child*) who is enrolled as a camper at
Cooperstown Dreams Park during the week of _____ (*date*) on the
_____ (*name of team*) baseball team. I hereby
authorize and entrust the below listed individuals to act in my place, to exercise full
parental authority (including medical care authorization) and control over my child while
at Cooperstown Dreams Park.

**Please list coaches from your team roster and other persons whom you authorize to act on
your behalf to exercise parental authority and control over your child while at
Cooperstown Dreams Park: (please print names of coaches)**

1. _____

5. _____

2. _____

6. _____

3. _____

7. _____

4. _____

8. _____

Date: _____

(*Parent/Guardian Signature*)