

**PERMISSION FOR BATTING HELMET WITH ALTERNATE FACE PROTECTION**

Players Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

League: (Circle one) Minors or Majors

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

I\We desire that our/my child be allowed to wear a batting helmet with an alternate Little League approved face guard. I understand that the West End Little League Baseball Division requires a helmet with a full-face shield and the helmet I am choosing for my child to wear may be less restrictive than the helmet that West End Little League provides. The helmet I am allowing my child to wear could result in him/her sustaining a more serious injury than if he/she were wearing a helmet with a full-face shield.

I\We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless West End Little League, Incorporated, Little League Baseball, Incorporated, the organizer's, sponsors, supervisors, and participants for allowing me to provide this helmet for my child.

I\We understand that it is our responsibility to see that this helmet is marked on the inside of the helmet with his last name and his uniform number.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_