



DELEGATION OF PARENTAL POWER

CHILD NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____

I, _____ (parent name) of _____ (parent address) state that I have legal custody of the child named above.

As provided in this document below, I delegate my parental power to:

Name of agent: _____
The Relationship of the agent to child is: _____

The power I am delegating to the agent is as follows:

- To approve the child's participation in Miracle League baseball games and related events;
- To consent to, and provide for, the medical needs of the child at Miracle League baseball games/events relating to any injury or illness from participation in Miracle League baseball games/events;
- To disclose health information about the child to Miracle League personnel;
- To provide for the personal needs of the child while attending Miracle League baseball games/events; and
- To administer medications as necessary for my child's condition.

This Delegation of Parental Powers does not deprive a custodial or noncustodial parent of any of his or her powers regarding the care and custody of the child, whether granted by court order or force of law. For clarity, this Delegation of Parental Powers does not supersede or replace any other delegation of powers form that may exist now or in the future relating to the child which provides for a greater delegation of power than provided herein.

EFFECTIVE DATE AND TERM OF THIS DELEGATION

This Delegation of Parental Power takes effect on the date it is signed by both the parent(s) and agents. This Delegation of Parental Power remains in effect as follows, unless earlier revoked by the parent:

- If the agent is a relative* of the child (i.e. parent, stepparent, sibling, grandparent, aunt, uncle, etc.): For the duration of the child's participation in the Miracle League.
- If the agent is not a relative: For the duration of the child's participation in the Miracle League, but not to exceed one year (this is the limit in Wisconsin unless approved by the juvenile court).

This Delegation of Parental Power may be revoked in writing at any time by a parent who has legal custody of the child. Such a revocation invalidates the Delegation of Parental Powers made by this Delegation of Parental Power, except with respect to acts already taken in reliance on this Delegation of Parental Power.

SIGNATURE(S) OF PARENT(S)

Printed Name: _____ Signature: _____ Date: _____
Printed Name: _____ Signature: _____ Date: _____

STATEMENT OF AGENT

I understand that the parents of the child named below have delegated to me the powers specified in this Delegation of Parental Power regarding the child named above and may be revoked in writing at any time by the parent(s) of the child. I hereby declare that I have read this Delegation of Parental Power, understand the powers delegated to me by this document, am fit, willing, and able to undertake those powers, and accept those powers.

Printed Name: _____ Signature: _____ Date: _____

FORM CAN BE MAILED TO:

Gary Rogaczewski, Executive Director
c/o Miracle League
2072 N Rock River Circle
De Pere, WI 54115