

Clymer Youth Baseball Registration form

Pd
Check

Cash

Name _____ (circle) Little League Pee Wee

Age _____ DOB ____/____/____

Parent/Guardian _____

Home Phone # _____ Cell Phone # _____

Email Address _____

If parent is not available, who should be contacted in case of emergency?

Name _____

Phone Number _____

Does your child have any present injuries or limitations, allergies, or other significant medical conditions? YES NO

If yes, please explain: _____

Player shirt size: _____ Preferred number: _____ (give 2 or 3 options)

Emergency Authorization (from above):

I the undersigned, parent or legal guardian of the participant, a minor, hereby authorize the supervising adults or volunteered parents acting in the capacity of activity supervisors, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact:

Authorization Signature

Waiver of Liability and Disclaimer:

I, the parent or guardian of the above named individual, acknowledge that participation in athletic events necessarily involve risk of physical injury. I further acknowledge that parents, who volunteer their time, rather than paid professionals, primarily administer this program. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individuals in this program, I hereby release, discharge, and hold harmless the volunteers and other representatives from any and all claims, demands, liabilities, and causes of action arising out of or relating to any injury that may result to said individual while participating in this program.

Signature of Parent or Guardian: _____