

BASEBALL

PLEASE PRINT

CHILD'S NAME: _____

AGE OF CHILD ON

April 30, 2008: _____

DATE OF BIRTH: _____

Month / Day / Year

HOME

ADDRESS: _____

MAILING

ADDRESS: _____

(If different from home address)

CITY: _____ STATE: _____ ZIP: _____

PLEASE PRINT

PARENT OR GUARDIAN: _____

1ST CONTACT NUMBER: _____ 2ND CONTACT NUMBER: _____

DO YOU LIVE INSIDE THE BAINBRIDGE CITY LIMITS ? (CIRCLE ONE) YES NO

A COPY OF YOUR CHILD'S BIRTH CERTIFICATE MUST BE ON FILE. YOU MUST BRING A COPY OF HIS/HER BIRTH CERTIFICATE IF WE DO NOT HAVE ONE ON FILE FOR YOUR CHILD. WE WILL BE GLAD TO MAKE A COPY OF THE ORIGINAL FOR YOU.

(There are shirt samples hanging on windows at Leisure Services office)

CIRCLE YOUR CHILD'S SIZE ONLY CIRCLE YOUR CHILD'S SIZE ONLY

T-Shirt SIZES: Youth 6-8 Youth 10-12 Youth 14-16

T-shirt SIZES: Adult-Small Adult-Medium Adult-Large Adult-X Large

Older children usually get adult sizes. Older children usually get adult sizes.

(The shirt size you circle is the size your **CHILD** will get).

BAINBRIDGE LEISURE SERVICES
PARENTAL AUTHORIZATION AND MEDICAL RELEASE FORM

I, PARENT OR GUARDIAN OF THE CHILD WHOSE NAME IS LISTED ON THE SAME LINE WITH MY SIGNATURE BELOW, DO HEREBY GIVE APPROVAL OF HIS/HER PARTICIPATION IN THE BAINBRIDGE LEISURE SERVICES BASEBALL PROGRAM. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION INCLUDING TRANSPORTATION TO AND FROM ALL ACTIVITIES, AND HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE CITY OF BAINBRIDGE, THE COACHES, THE ORGANIZER, THE SPONSORS, THE INSTRUCTORS, AND THE SUPERVISORS OF ALL LIABILITY AND/OR CLAIMS OF ANY KIND. I ALSO GRANT PERMISSION TO MANAGING AND/OR LEISURE SERVICES PERSONNEL TO AUTHORIZE AND OBTAIN MEDICAL CARE DURING TIMES AT ACTIVITIES WHEN NEITHER PARENT OR GUARDIAN ARE AVAILABLE TO GRANT THIS AUTHORIZATION FOR EMERGENCY TREATMENT.

PLEASE PRINT CHILD'S NAME

SIGNATURE OF PARENT/GUARDIAN

DATE
Are you interested in coaching or being an assistant coach?

WITNESS
Yes No