

# PLAYER REGISTRATION FORM



## PLAYER INFORMATION

FIRST NAME		LAST NAME	
ADDRESS			
ADDRESS #2			
CITY/STATE/ZIP			
HOME PHONE			
EMAIL			
BIRTHDATE		GENDER	

### PARENT #1

NAME	
HOME PHONE	
CELL PHONE	
E-MAIL	

### PARENT #2

NAME	
HOME PHONE	
CELL PHONE	
E-MAIL	

## MEDICAL INFORMATION

EMERGENCY CONTACT			
RELATIONSHIP TO PLAYER		PHONE #	
INSURANCE CARRIER		POLICY #	

I/WE THE PARENTS/GUARDIANS OF THE ABOVE-NAMED CANDIDATE FOR A POSITION ON AN ABDG TEAM HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL ABDG ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM THE ACTIVITIES.

I/WE KNOW THAT PARTICIPATION IN BASEBALL MAY RESULT IN SERIOUS INJURY TO PLAYERS, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY, AND AGREE TO HOLD HARMLESS, THE ORGANIZERS, SPONSORS, SUPERVISORS, PARTICIPANTS, AND PERSONS TRANSPORTING MY/OUR CHILD TO AND FROM ACTIVITIES FROM ANY CLAIM ARISING OUT OF INJURY TO MY/OUR CHILD WHETHER THE RESULT OF NEGLIGENCE OR FOR OTHER CAUSE.

I/WE AGREE TO RETURN UPON REQUEST THE UNIFORM AND THE OTHER EQUIPMENT ISSUED TO MY/OUR CHILD IN AS GOOD CONSITIONS AS WHEN WE RECEIVED EXCEPT FOR NORMAL WEAR AND TEAR.

I/WE AGREE THAT OUR CHILD (CANDIDATE) MAY BE REQUIRED TO TRYOUT FOR A TEAM.

PARENT/GUARDIAN SIGNATURE		DATE	
PLAYER'S SIGNATURE		DATE	