

**PARK FALLS T-BALL
2018**

LEAGUE FEE \$25 PER PLAYER _____ CASH OR CHECK # _____

SHIRT SIZE:

YM YL Prior Year Team/Coach _____

Player's Name _____ Birthdate _____

Age _____ (Must be between 5-7 years of age as of April 25, 2018)

Address _____ City _____

Phone Number _____ Cell Number _____

Email Address _____

Parents or Guardian _____

Other person to call in case of emergency _____

Health/Accident Insurance Company _____

I/We, the parents/guardians of the above named player for a position on a t-ball team, hereby give my/our approval to participate in any and all youth t-ball activities.

I/We know that participation in t-ball may result in serious injuries to the player, and do hereby waive, release, absolve, indemnify, and agree to hold harmless Park Falls Youth Baseball, the organizers, sponsors, supervisors, and participants for any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.

I also understand that I must be at every practice and every game; if I am unable to make it to the practice, I will have another individual in charge of my child.

Parent(s)/Guardian(s) Signature(s) _____ Date _____

Park Falls Baseball/Softball/T-ball does not limit participation in its activities on the basis of disability, race, color, national origin, gender, or religious preference.

LEAGUE FEES ARE NON-REFUNDABLE.

If you would like to be a coach or assistant coach, please check here _____