



Outlaw Baseball Club

2011 Player's

Name _____

Address _____

Phone # _____

Email _____

Birthdate _____ Age as of April 30th _____

I/We am/are the parent(s) or legal guardian(s) of the foresaid child, and I/we hereby understand and agree with the following:

1. Participation in the Outlaw Baseball Club requires the ability to run, throw, swing a bat and catch a ball. Additionally, participation requires that capacity to understand the rules of the game of baseball. Does your child have any condition that limits his ability to participate in this activity ? YES NO

If "Yes", please explain: _____

2. I/We know that my/our child's participation in the Outlaw Baseball Club activities can result in serious injuries and protective equipment does not prevent all injuries to players. I/We do hereby waive, release absolve, indemnify and agree to hold harmless, Outlaw Baseball Club and its organizers, members, coaches, sponsors, participants and persons transporting my/our child to and from activities for any claims arising out of any injury to my/or child, whether the results of negligence or any other cause except to the extent and in the amount covered by accident or liability insurance.

3. I/We hereby give my/our approval for the player to participate in any and all Outlaw Baseball Club activities, including transportation to and from activities.

4. I/We agree to immediately return to the Outlaw Baseball Club, upon request, all equipment and other property supplied to my/our child by the Outlaw Baseball Club

Parent or Guardian Signature: _____ Date _____

Data Sheet/ Medical Release Form

Player

Name: _____

Address: _____

Phone # _____ School _____

Date of Birth _____ Age as of April 30th _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Phone # _____ Phone # _____

Person to Contact in case of emergency, if parents can not be reached.

Name _____

Address _____

Phone # _____ Relationship _____

Comments, special requests or suggestions: _____

Medical Release

In case of emergency, I/we hereby authorize our family physician to treat our child. In case of emergency, if our family physician cannot be reached, I/we hereby authorize our child to be treated by another qualified, licensed physician who is available.

Family Physician: _____ Phone # _____

Health Insurance Plan _____

Allergies: _____ Other information _____

Parents

Signature _____ Date _____