

Crown Athletics
Baseball Registration Form



Name _____

Address _____

Home Phone _____ E-mail Address _____

Date of Birth _____ Age _____ Grade _____

Years playing this sport _____

Name of other sports you are participating in _____

Father's Information

Mother's Information

Name _____ Name _____

Employer _____ Employer _____

Cell # _____ Cell # _____

Emergency Contact:

Full Name _____ Phone # _____

Does your child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness, maintenance medications or other significant medical conditions?
If yes, please state conditions: _____

If you wish to have your family doctor contacted in case of emergency:

Doctor's Name: _____ Phone # _____

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: _____