



www.all-starssports.com

All-Stars Baseball

Please make checks payable to: FBC

Child's Name _____

DOB ____ / ____ / ____ Boy / Girl # Yrs Playing Baseball _____

Shirt Size _____ (Shirt Sizes: YS, YM, YL, AS, AM, AL, AXL, AXXL, AXXXXL)

Pant Size _____ (Pant Sizes: YS, YM, YL, YXL, AS, AM, AL, AXL, AXXL)

Address _____

City _____ Zip _____

Phone Number You Prefer to be contact at: _____

Email (if we can contact you using it): _____

<p>Father's Contact Information:</p> <p>Name _____</p> <p>Cell # _____</p> <p>May we send text to the cell #? Y or N</p>	<p>Mother's Contact Information:</p> <p>Name _____</p> <p>Cell # _____</p> <p>May we send text to the cell #? Y or N</p>
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Volunteer Registration:

_____ Team Manager—primarily needed to contact players and coordinate team activities.

_____ Assistant Coach—help Team Manager with on field (or off field) needs.

_____ Concession Stand (approx 4 hours) - Work in concession stand during games

_____ Field Preparation—required to be at fields approximately 1 to 1.5 hours before games

_____ Clean up—clean up team dugouts, make sure trash is in cans, clean up around bleachers

Your volunteer service helps us keep registration fees down. All parents are required to volunteer somewhere.

Over >>>

I the undersigned parent/guardian of the above listed minor participant acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not from their own actions, inaction or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the First Baptist Church, the Christian Child Development Corporation, the organizers, coaches, referees, employees, and associated personnel, officers, agents, including the owners and lessors and leasees of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all claims by or on behalf of the participant as a result of the participation in the programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the program. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above and to release them from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any otherwise actionable or tortious act or omission caused in whole or in part by the negligence of the releasee. I agree to allow the use of my photo, name or video or the photo, name or video of the registered player in promotion of All-Stars Sports whether the images or names are used in brochures, signage, or web pages of First Baptist Church or All-Stars Sports. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. My signature also indicates that I agree to be bound by the league rules and the First Baptist Church Sports Code of Conduct.

Parent or Legal Guardian Signature: _____ Date: _____

Medical Release Form

As parent/guardian of _____, minor, I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment, including transportation to a medical facility if required.

Parent or Legal Guardian Name _____ Signature _____

Address _____ Phone _____

Family Physician _____ Phone _____

Other Emergency Contact:

Name _____ Relation _____

Phone _____

List any specific medical condition or illnesses the staff should be aware of: _____

