

2017 Challenger Baseball Registration Form

Player's Name: _____

Date of Birth: D ____ / M ____ / Y ____ MCP # ____ - ____ - ____ -

School Attended: _____

Home Address: _____ Phone: _____

Town: _____ Postal Code: _____

Primary Email Address: _____

Secondary Email Address: _____

Father's / Guardian' Name: _____ Phone: _____

Mother's / Guardian's Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Medical History (State anything you feel Coaches should be aware of):

T-Shirt Size: Youth or Adult S M L XL

Parent / Guardian Involvement (no baseball experience required):

Coach _____ Assistant Coach _____

I, the undersigned, release and forever discharge Paradise Minor Baseball association, including its Executive, Coaches, workers and all others involved in the organization and delivery of its programs and activities of and from all claims, demands, actions or causes of actions arising or to arise by reason of physical injury to the child named above, caused to him/her while participating in organized activities of Paradise Minor Baseball Association or while travelling with a Paradise Minor Baseball team. By signing this form I also authorize representatives of the Paradise Minor Baseball Association to provide appropriate medical assistance to my child in my/our absence:

Name: _____

Signature: _____ **Date:** _____

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