ELMWOOD SUMMER YOUTH LEAGUE BASEBALL/SOFTBALL/TEE BALL SIGN-UP

Fill out one form for each child participating. PLEASE PRINT.

Child's Name_____ male / female (circle one)

Birthdate_____ (month/day/year) Age _____

Parent's Name (s) _____

Address _____

City/Zip Code _____

E-mail Address _____

Home Phone _____

Father's Cell Phone_____

Mother's Cell Phone_____

Special Needs or Info (any medical conditions or info about your child we should know about)

_____

_____

_____

Youth Shirt _____ Small (6-8)
_____ Medium (10-12)
_____ Large (14-16)

Adult Shirt _____ Small
_____ Medium
_____ Large
_____ X-Large
_____ XX-Large
_____ Other

(over for Medical Release)

Release Statement

I understand that in registering my child for participation in this program, I will be waiving and releasing all claims for injuries my minor child/ward or I might sustain from this program. As a participant in the program or the parent/guardian of a participant in the program, I realize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss which I or my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I or my minor child/ward may have as a result of participating in the program against all persons involved in this program. I do hereby fully release and discharge the persons in this program. I have read and fully understand the above program information and waiver and release all claims.

_____

Parents/Guardians Signature Date