



Registration Form

Child's Name _____

Mailing Address _____

Parent/Guardian(s) Name _____

Email Address _____

Phone Numbers (H) _____ (C) _____

Child's School _____ Grade _____

Emergency Contact Information

Contact Name (other than parent) _____

Phone (H) _____ (C) _____

Relationship _____ Preferred Hospital _____

Doctor's name _____ Phone _____

Allergies _____

Parents Comments: child's needs:

I/We the parents/guardians of the above named child, acknowledge that participation in activities can result in serious injuries, and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, and agree to hold harmless Bases Loaded.

Signature _____ Date: _____