WELLSVILLE CITY BASEBALL 2013
REGISTRATION FORM

Player's Name:	**Date of Birth:**
Address (Street, City):	**Age as of April 30, 2013:**

League (Circle One):	T-Ball (5-6 yrs) $25.00	Rookie (7-8 yrs) $35.00	Minor (9-10 yrs) $55.00	Major (11-12 yrs) $60.00	Pony (13-14 yrs) $75.00

*****Please make check payable to Wellsville City*****

Parent/Guardian Name:		**Relationship to Player:**
Home Phone #:	**Mobile #:**	**E-mail Address:**

I, or my spouse, would be willing to help: Coach Assistant Coach

Jersey Size (Circle One): Youth Small Youth Large Adult Small Adult Large

Youth Medium Youth XL Adult Medium Adult XL

Liability Release:

In consideration of the acceptance of my application for activity with Wellsville City Baseball, I hereby waive, release, and discharge any and all claims for damages for death, personal injury or property damage, which I may have or which may hereafter accrue to me in participation in said event by me or my child. This release is intended to discharge, in advance, Wellsville City, its offices, employees, or agents from liability even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that some recreational activities involve an element of risk or danger of accidents, and knowing those risks, I hereby assume those risks. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns.

Parental Consent:

I give my consent for **my child**, _____, to participate in the above activity, and execute the above Liability Release on his behalf.

Consent to Treat:

I hereby give my consent to have the above applicant treated by a physician or surgeon in case of sudden illness or accident while participating in the above event. It is understood that Wellsville City provided no medical insurance for such treatment, and the cost thereof will be at my expense.

_____

Name of Physician Phone #

_____

Physician's Address

_____ I do not give my consent to treat and request that medical or surgical services be withheld.

Read carefully before signing

I have read and understand the foregoing registration form, liability release form, parental consent, and consent to treat form and agree to all of their terms and conditions.

_____

Signature Date

Total Paid $ _____ **Check #** _____ **Cash** _____

Received By: _____ **Date:** _____ **Remarks:** _____