

2019 Lake Alliance Baseball Registration Form Deadline: 3/8/19



PLAYER INFORMATION

Player Name _____
 Date of Birth _____ Age _____
 Address _____
 City _____ Zip _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name _____
 Cell Number _____
 Email _____

 Parent/Guardian Name _____
 Cell Number _____
 Email _____

EMERGENCY INFORMATION

Emergency Contact Person _____ Cell Number _____

Baseball

- 10U Tues/Thurs Age: 9-11
 (*born between May 1, 2008-August 31, 2010)
 - 12U Mon/Wed Age: 11-13
 (*born between May 1, 2006-April 30, 2008)
 - 14U Tues/Thurs Age: 13-15
 (*born between May 1, 2004-April 30, 2006)
- *Days are subject to change depending on league**

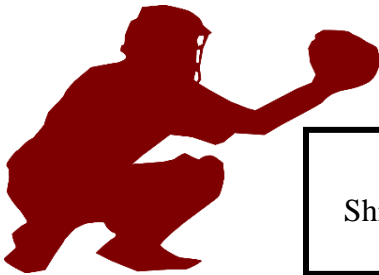


Coaching Opportunity

I AM INTERESTED IN BEING A COACH:

Yes No

Shirt Size: Youth/Adult XS S M L XL



Cost: \$75

Shirt Size (CIRCLE): Youth/Adult XS S M L XL

I/we, as parent/guardian of _____ (the participant) understand that participation in the Potterville Parks & Recreation Youth Programs involves risk of injury. I/we, understand that these injuries may be the result of the actions, inaction's or negligence of the Participant or others. I/we agree that the Participant is responsible for his/her actions while participating in Potterville Parks & Recreation activities. I/we also understand that Potterville Parks & Recreation does not carry medical insurance and that I will have to provide my own insurance for the Participant. I/we are aware of the risks and willing to assume them, I/we hereby waive, release and hold harmless the City of Potterville, its officers, directors, employees, agents, coaches and associated individuals and entities, including, but not limited to, the City of Potterville, team sponsors, owner of private or corporate properties used by Parks & Recreation, from any injuries incurred during scheduled play or practice on a team in the program. I/we intend for this waiver and release to also apply to any relative, personal representative, heirs or assigns who might pursue and legal action on the Participant's behalf.

Parent/Guardian Signature (REQUIRED)

Print Name

Date

RETURN TO: POTTERVILLE PARKS & RECREATION | 319 N. NELSON ST. | PO BOX 488 | POTTERVILLE, MI 48876
 517-645-7641 | FAX: 517-645-7810 | parks@pottervillemi.org