

PARENT CONSENT

Unless indicated here, the player does not have any medical condition the league needs to be aware of: _____

_____ I give my permission to seek medical help in an emergency.

_____ Please contact me prior to seeking medical help for my child.

In my absence, please contact the following individual in the case of an emergency:

Name _____ Number _____

The Undersigned, parent/guardian of _____, a minor child, hereby consents to the participation of said child in the baseball/softball program to be conducted by the Spencer Youth Baseball & Softball Association. In addition, to further agree to hold harmless, the said association, its officers, directors, members, agents and employees, from any and all claims, actions or demands, of said minor and said youth program.

Signature

Date

YES NO (circle one) I would like to serve as a head coach, if a team is available.

YES NO (circle one) I would like to serve as an assistant coach, if help is needed.

YES NO (circle one) I am interested in umpiring.

***** For League Use Only *****

Record of payment:

PLAYER REGISTRATION FEE (K – 2nd): \$30.00

PLAYER REGISTRATION FEE (3rd – 8th): \$50.00

LATE REGISTRATION FEE WILL APPLY TO ALL PLAYERS REGISTERED AFTER MARCH 1ST, 2012.

REGISTRATION FEE \$ _____

LATE FEE (AFTER 3-01-12) \$25.00 _____

TOTAL _____

CK # _____

PLEASE ATTACH ALL REGISTRATIONS WITH CHECK TOGETHER