

CHILD'S NAME _____ BIRTHDATE _____ BOY OR GIRL? _____

WHAT PROGRAM ARE YOU REGISTERING FOR?

T-Ball Catcher's Club Little Sluggers Hit Club (youth or advanced)
Long Toss High School Prep

DATE OF PROGRAM STARTING: _____

IS HE/SHE A MEMBER? _____ HAS HE/SHE PLAYED BASEBALL B/F? _____

MOM'S NAME _____ DAD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

PHONE (H) _____ WK/CELL _____

EMAIL ADDRESS _____

HEALTH INFORMATION: ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? CHECK ANY THAT APPLY AND GIVE MORE INFORMATION, PLEASE.

_____ GOOD GENERAL HEALTH

_____ SEIZURE

_____ ALLERGY, FOOD OR OTHER

_____ ASTHMA

_____ BEHAVIORAL ISSUE

_____ DIABETES

_____ MENTAL HEALTH CONDITION

_____ PRESCRIPTION MEDICATION

_____ OTHER CHRONIC HEALTH CONDITION

_____ OTHER MEDICATION

EXPLANATION: _____

PAYMENT INFORMATION:

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____

I accept full responsibility for my child's use of any and all apparatus, facility privilege or service whatsoever owned and operated by this club at his/her own risk and shall hold this club, its shareholders, directors, offices, employees, representatives, and hold agents harmless from any and all loss, claim, injury, damage, or liability sustained or incurred by him/her resulting there from.

PARENTS SIGNATURE _____ DATE _____