

Town of Wappinger LL - 2009 Springball

Registration Form

Date: _____

First Name

Last Name

Sex

____/____/____
Birthdate

Ver by

Medical? []

Lives with (Fath/Moth/Both)

< Father >

Name _____

Address _____

Cty/St/Zip _____

Home/Work/Fax _____

Cell _____

Email _____

Occupation _____

< Mother >

Name _____

Address _____

Cty/St/Zip _____

Home/Work/Fax _____

Cell _____

Email _____

Occupation _____

I the parent and/or guardian of the above named Candidate for a position on a league team, hereby give my approval to participate in any and all league activities. I assume all risk and hazards incidental to such participation, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the local league, the chartering organization, organizers, sponsors, participants and persons transporting my child to and from activities for any claim arising out of injury to my child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by accident and liability insurance. I understand that the insurance carried by this league covers only the amount that is not paid by my carrier. I agree to return upon request the uniform or equipment furnished to me or my child.

*** I ALSO UNDERSTAND THAT I WILL BE REQUIRED TO HELP IN THE CONCESSION STAND 4 HRS FOR EACH CHILD I HAVE IN THE PROGRAM ***

PARENT OR GUARDIAN SIGNATURE X _____