

Registration Form

Team Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Coaches Names: _____ Cell #: _____

Email: _____

RELEASE AND WAIVER

Intending to be legally bound, I, the undersigned, individually and as parent/guardian of _____ a minor, ask that he/she be admitted to participate in the Alvernia Fall Team Tournament, sponsored by Alvernia University, and baseball coaching staff. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless, Alvernia University, Coaching Staff, team members, its officers, agents, and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving the said minor arising out of the minor's attendance at the Baseball Fall Team Tournament or in the course of competition and/or activities held in connection with the Baseball Team Tournament.

Player Name: _____ Parent/Guardian Signature: _____ Date: _____

MEDICAL TREATMENT AUTHORIZATION

I hereby authorize the coaches/staff involved in the Baseball Prospect Day to act for me, the parent/guardian of _____, a minor, according to their best judgment, in any emergency and/or when medical attention is required.

Medications: _____

Allergies: _____

Health Insurance Provider: _____

Policy #: _____

Parent/Guardian Signature: _____ Date: _____