

EAST END YOUTH BASEBALL LEAGUE

PARENTAL PERMISSION / INSURANCE – 2014 SEASON

CHILDS NAME _____ TEAM _____

DATE OF BIRTH _____ AGE _____

I hereby give permission for my son/daughter to engage in competitive baseball games, practices and activities organized by the East End Youth Baseball League. I understand that any expenses or damages incurred as a result of injury, accident or illness, which may occur during such games, practices or activities, is the primary responsibility of my personal health plan. Coverage under the East End Youth Baseball League policy is issued for secondary reasons and will become effective only after all other insurance coverage is utilized. This secondary coverage is mandatory and a payment of **\$15.00** per child is to accompany this form. This cost for secondary insurance is the only cost I will have to pay for this year. I understand that East End Youth Baseball does not charge an entrance fee and relies on fund-raisers, which I am required to participate. I also understand that I will be required to help volunteer in the concession stand, field / ground maintenance and to help my team in any other volunteer activities. My signature also denotes my acceptance that all equipment and uniforms provided by the league will remain the property of the league, and will be returned to East End Youth Baseball upon the close of the season.

PARENT / GUARDIAN SIGNATURE _____

FATHER MOTHER GUARDIAN DATE _____ cash / check

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