2017 CHALLENGER BASEBALL REGISTRATION FORM

Parent/Guardian: Relationship: Phone Number: Parent/Guardian: Relationship: Phone Number: Phone Number: Phone Number: Relationship: Phone Number: Phone Number: Relationship: Phone Number: Parent/Guardian Involvement (no baseball experience required): Coach: Assistant Coach: Medical History (state anything you feel coaches should be aware of): T-Shirt Size: Youth OR Adult S M L XL I, the undersigned, release and forever discharge Paradise Minor Baseball, including its Executive, Coaches, workers, and all others involved in the organization and delivery of its programs and activities of and from all claims, demands, actions or causes of actions arising or to arise by reason of physical injury to the child named above, caused to him/her while participating in organized activities of Challenger Baseball NL or Paradise Minor Baseball. By signing this form I am also authorizing representatives of Paradise Minor Baseball to provide appropriate medical assistance to my child, if necessary, in my absence	Player Name:	Date of Birth (mm/dd/yyyy):	
Mailing Address: Town: Province: NL Postal Code: Parent/Guardian: Relationship: Phone Number: Email: Secondary Email: Emergency: Relationship: Phone Number: Parent/Guardian Involvement (no baseball experience required): Coach: Assistant Coach: Medical History (state anything you feel coaches should be aware of): T-Shirt Size: Youth OR Adult S M L XL I, the undersigned, release and forever discharge Paradise Minor Baseball, including its Executive, Coaches, workers, and all others involved in the organization and delivery of its programs and activities of and from all claims, demands, actions or causes of actions arising or to arise by reason of physical injury to the child named above, caused to him/her while participating in organized activities of Challenger Baseball NL or Paradise Minor Baseball to provide appropriate medical assistance to my child, if necessary, in my absence	MCP Number:		
Parent/Guardian:	School Attended:		Grade:
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