

2017 CHALLENGER BASEBALL REGISTRATION FORM

Player Name: _____ Date of Birth (mm/dd/yyyy): _____

MCP Number: _____

School Attended: _____ Grade: _____

Mailing Address: _____

Town: _____ Province: NL Postal Code: _____

Parent/Guardian: _____ Relationship: _____ Phone Number: _____

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. 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.

Name: _____ Signature: _____ Date: _____