

DATE: _____

MCSHERRYSTOWN BOROUGH RECREATION ASSOCIATION

Name _____ Birthdate _____ Present Age _____

Address _____ Telephone _____

Email address: _____

(Check One) McSherrystown Borough Resident _____ Conewago Township _____ Other _____

Parents Release:

In Consideration of my (Son, Daughter) _____
being allowed to participate in competitive sports, I hereby and forever discharge the
McSherrystown Borough Recreation Association and all its Officers and Members,
Coaches and Umpires from any and all actions or suit in law and equity which I might
hereafter have by reasons of injuries sustained by my child while participating in sports,
or while my child is traveling to and from any sports activity.

I also grant permission to those listed below to render to my (Son, Daughter) whatever
medical or surgical treatment or hospital care they deem necessary:

1. The team physician or any other physician or surgeon of good standing
whose services are enlisted by the Managers, Coaches, Assistant Coaches,
Umpires or any other competent adult.
2. Any Hospital approved and in good standing.

I also certify that my child is covered by His or Her own accident insurance.

Is there a medical condition that the coach should be aware of? Yes _____ No _____

Signature of Parent or Guardian

Date

Baseball - Last Year's Team

IMPORTANT - Player's shirt size: Youth _____ Adult _____

BIRTH CERTIFICATE COPY PRESENTED _____ (eligibility requirement)

Are you interested in coaching? Yes _____ No _____

Name _____ Phone _____