

American Legion Junior Baseball 2009

Please Use One Form Per Player

Player Last Name		Birth Date	/ /
Player First Name		Shirt Size	Youth – S M L Adult – S M L XL 2X 3X
Street Address		Home Phone	
City, State, Zip		Cell Phone	
Medical Conditions			
Mental/Physical Handicaps			
*2009 League	T D C B A BR (B and A will be by blind draft)		
Parent/Guardian Full Name		Work Phone	
Email Address		Cell Phone	
Parent Sponsor / Parent Volunteer?	Yes-Business Contact #	Coach	Assistant Coach
Fees:	T, D, C, B, A \$55 1st Child \$40 Each Additional Child		
Late Fee	\$10 After March 26, 2009 Cash \$ _____ Check \$ _____ Check# _____		

- If child has not played in league, a copy of the birth certificate **MUST** accompany this form before your child will be assigned a team.
- See page 2 of the flyer for Special Request Information.

Waiver Of Liability

We understand that playing and practicing baseball carries the risk of being hurt by baseballs, bats and other players. We, in signing this assume the risk of any injury to our child(ren). We will not sue for any damages if our child(ren) is injured to any degree. We release the American Legion and its members, all employees, all volunteers, all coaches, all players and anyone else connected with the program from all liability for any damages because of our child(ren)'s participation.

Emergency Room Treatment Permit/Limited Power Of Attorney

In case of emergency, I hereby grant:

(Name) _____ (Contact #) _____

or in the event this individual is not available, I grant

_____ Munson Medical Center ER Physician _____ Munson Medical Center ER Nurse

the limited power of attorney to act for me and give the required consents and authorizations for the delivery of any medical care, diagnosis and treatment, including surgical intervention, if necessary, on behalf of my minor child listed above for a period of time during my absence from May 2009 to August 2009 and to do all other necessary things as I might or could do if personally present.

This limited power of attorney is given pursuant to the provisions of PA 1798, 642, Sec 405 of the Probate Code, and said Power of Attorney is not to exceed six months.

By Signing Below, I Agree To Make American Legion Baseball The Number One Priority Of My Child's Summer Activities.

PARENT SIGNATURE: _____