

Glen Rock Baseball Association

P O Box 171, Glen Rock, NJ 07452

<http://www.grba.org>

2010 Travel Baseball Registration

Player's Last Name

Player's First Name

Address

Phone

Players Birth Date

Age on 5/1/10

School

Mother's Name

Father's Name

E-Mail Address – This is the primary means of communication – **PRINT CLEARLY**

Eligibility:

Players must be at least in 3rd Grade or Higher and should be 9 or older on 5/1/10.

Players must be registered for the Recreation Program to be eligible to play travel.

Please Complete:

I am interested in: Spring Travel Summer Travel Fall Travel circle all that apply

PLEASE READ AND SIGN BELOW:

Having been informed that it is the purpose of the GRBA to provide supervised baseball and softball activities for eligible boys and girls, I/we, the parents(s)/guardian(s) of the above named applicant, do hereby give my/our consent and approval for his/her participation in all such activities. I/We understand that no medical/health or accident insurance is being provided in connection with the program and that if I/we deem such insurance advisable, I/we will personally secure the same. I/We do assume all risks and hazards incidental to the conduct of the activities, including transportation to and from the activities. I/We do further hereby release, waive, discharge, absolve, indemnify and hold harmless the GRBA, its trustees, directors, officers, agents, servants, employees, contractors, volunteers, supervisors, and sponsors from any and all actions, causes of action, suits, claims, complaints, controversies, promises, damages and demands whatsoever, including claims for personal injury and damage to property, arising directly or indirectly from the applicant's participation in GRBA activities and related activities, including transportation to and from same. This release includes any person transporting the applicant to and from the activities. **I/We do also hereby consent to and authorize emergency medical treatment arising from injuries sustained incidental to the activities, including transportation to and from same, to be given the applicant by a certified/licensed emergency medical technician or medical professional.**

I have read the GRBA Travel Baseball Policy and understand that my child is not guaranteed to make the team and I am putting them at risk to be cut from the team. I also understand that there will not be equal playing time for all players. I understand that the GRBA has entrusted the Head Coaches to treat all players equally and to make the final decisions on team makeup as well as playing time and positions and I agree to not hold any Coach or member of the GRBA personally responsible for those decisions.

Signature of Parent or Guardian

Date