

Glen Rock Baseball Association

P O Box 171, Glen Rock, NJ 07452 <http://www.grba.org>

2010 Summer Travel Softball Registration (Open to 4th Graders and Up – Must be part of Recreation Program)

Player's Last Name

Player's First Name

Address

Phone

Players Birth Date

Team (10U, 12U, 14U, 15U, 18U)

School

Mother's Name

Father's Name

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

Please Complete:

I am interested in participating in a winter training program
for the summer travel softball team:

Yes No circle one

What type of training interests you? Hitting Fielding Pitching 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 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: _____