



SACRAMENTO SPORTS CENTER

Application & Sign-Up Form

My child is signing up for (check all that apply):

Tournament Team Academy Workout Only Lessons

Height: Weight: Bats: Throws: Shirt Size: Pants Size:

Participant Information

Player Name: Birthdate:

Address:

City: State: Zip Code:

Parent/Contact Information 1

Parent Contact Information 2

Name:

Phone 1:

Phone 2:

Email:

Emergency Contact: Name and Phone (other than parent):

Medical Insurance/Policy Number:

Physician Name: Phone Number:

Current Medical Conditions (asthma, allergies, medications, contact lenses, etc.):

Sacramento Sports Center has permission to publish photos of my child Yes No

RELEASE AND ASSUMPTION OF RISK

As a parent or guardian of the above named participant, I hereby state that I am voluntarily applying for my child to participate in baseball related activities with Sacramento Sports Center. I/we hereby give my/our approval to participate in any and all activities, including but not limited to practice, games, fundraising events and transportation to and from sanctioned activities. I/we know that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless Sacramento Sports Center the organizers, sponsors, supervisors, participants and persons transporting my/our child whether the result of negligence or for any other cause except to the extent and in the amount covered by accident of liability insurance.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability for future claims and is a contract between myself and Sacramento Sports Center.

Print Parent/Guardian

Parent/Guardian Signature