

Bombers Baseball Club of Southern California, Inc.



Please type or print clearly

Season Year: 2008 AGE DIVISON: 16u

First Name: _____ Middle: _____ Last: _____ Date of Birth ____/____/____

Street Address: _____ City _____ State _____

Zip Code _____ E-Mail Address: _____

Home Phone Number: _____ - _____ - _____ Players Cell Number: : _____ - _____ - _____

Height: _____ Weight: _____ Bats: _____ Throws: _____ Shirt Size: _____ No # _____ Hat Size _____

High School Name: _____

GPA: _____ SAT: _____

CONSENT TO PARTICIPATE, RELEASE OF LIABILITY AND AUTHORIZATION FOR TREATMENT

I am the parent or legal guardian of the child listed above. I consent to the participation of my child in any and all activities of the Bombers Baseball Club of Southern California ("Bombers Baseball"). I will furnish a certified birth certificate of my child upon the request of Bombers Baseball officials. I understand the risks of injury and hazards incidental to playing baseball and participating in related activities. I hereby waive and shall indemnify and hold harmless Bombers Baseball, including its officers, coaches, agents, volunteers, and employees from and against any and all claims, demands, damages, liabilities, costs, and expenses (including court costs and attorney's fees) resulting from or arising out of any injuries, emotional or physical, that may be suffered by my child while participating in the activities of Bombers Baseball. I know of no medical, physical or mental, condition that limits or restricts my child from fully participating in Bombers Baseball activities. In the event of injury to or medical emergency suffered by my child occurring while my child is engaged in Bombers Baseball activities and I am unavailable, I hereby authorize any adult person supervising my child to consent to any x-ray examination, anesthetic or medical or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the Medical Practice Act or the consent to any x-ray examination, anesthetic or dental or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a dentist licensed under the Dental Practice Act. I further authorize any hospital or urgent care facility that has provided treatment to my child under this Consent to surrender physical custody of my child to the adult consenting to the medical, surgical or dental treatment upon the completion of such treatment. By signing this agreement, you agree to abide by its terms and also grant Bombers Baseball the authority to release any information about the player named herein to college programs, Major League Baseball, and/or professional baseball scouts. After payment, no refunds will be given.

Parent or Legal Guardian Signature _____ Date _____ Fathers First Name: _____

Players Name (print) _____ Date _____ Mothers First Name: _____

Medical Information

Emergency Contact _____ Phone # _____

Medical Insurance Carrier _____ Policy # _____

Is the participant taking any medication? (Yes/No) If yes, what? _____

How often is this medication taken? _____

What is the purpose of the medication? _____

Is the participant allergic to anything and what? _____

Are there any physical limitations, special circumstances, or other information we should be aware of? _____