

Linglestown Baseball Association
PO Box 6177 Linglestown, PA 17112

League Age _____ Team _____

Player's Name _____ Date of Birth _____
Address _____ Email _____
Home Phone _____ Cell Phone _____ Shirt Size _____

Release of All Claims

I/We the parents of the above named child, in consideration of the permission granted to my child by the Linglestown Baseball Association (hereinafter LBA) to participate in the LBA baseball/basketball league during the current season, I/we do hereby release and discharge the LBA, its organizers, sponsors, supervisors, agents, employees, and officers, from all claims, demands actions, judgments and exclusions which the undersigned ever had, or now has, or may have, or claim to have against LBA, its successors or assigns, for all personal injuries, known or unknown, and injuries to property, real or personal, caused by or arising out of the above named child's participation in the above described sports activities.

I/We the undersigned have read this statement and understand all of its terms. I/we execute it voluntarily and with full knowledge of its significance on the date entered below.

Date _____ Parent's Signature _____

I/We the parents of the above named child hereby give my/our approval for the above named child to participate in any and all of the activities of the LBA baseball/basketball league during the current season.

I/We have been advised that the LBA is not and will not be responsible for any medical expenses or other claims that may arise while my/our child is playing baseball/basketball under the auspices of the LBA or during games, practices or transportation to or from games or practices.

I/we hereby represent that my/our above named child is covered by medical insurance by:
Name of Insurance Company _____
And that said coverage will continue in effect during my/our child's participation in the LBA league.

I/we agree to furnish a certified birth certificate for the above named child upon request of league officials.

I/we agree to return any and all LBA uniforms or other equipment to the LBA at the end of the season in good condition, reasonable wear and tear excepted.

Date _____ Parent's Signature _____

Payment: PayPal online (account name) _____

Check Enclosed (Amount \$ _____)