



Winter Workouts

PARTICIPATION FEE: \$175 per month or \$35 per workout

Please bring payment in full the first day of participation.

Player Name:		Age:
Address:		
City:	State:	Zip:
Phone:		
Email:		
Emergency Contact:		Relation:
Phone:		

The following authorization for emergency treatment is a protection for you and your son or daughter. Even though the legislation has been effective to protect Doctors and Hospitals against liabilities in certain emergencies, quick and effective medical or surgical treatment is occasionally difficult to obtain without the parent's or guardian's consent. This form executed by you will materially assist Baseball Central in obtaining proper treatment for your child should an emergency occur, and we are unable to contact you. **I understand that Baseball Central's workout involves the possibility of injury or loss of property.**

As condition of my child's participation in this program, I hereby release Baseball Central, its officers, employees, and volunteers from any liability related to my child's participation and agree to look only to my health or other insurance in the event of injury or other loss.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: _____