

Mustang Baseball Preseason Clinic



REGISTRATION FORM

PARTICIPANTS FIRST NAME _____ M.I. ____ LAST NAME _____

ADDRESS _____

DATE OF BIRTH _____ AGE ON March 13th _____ GRADE _____

PARENT/GUARDIAN'S NAME _____

EMAIL ADDRESS OF PARENT/GUARDIAN _____

PHONE's # of PARENT/GUARDIAN _____

In case of emergency please contact: _____ Phone: _____

I, the parent/guardian of the above named child, do hereby give my consent to his/her participation in all of the activities of Mustang Baseball Preseason Clinic. In case of any illness or injury to my child resulting from these activities, I hereby waive all claims against the organization, sponsors, coaches, directors, officers and the City of Medford. I also release from responsibility any person(s) transporting my child to or from any activities. I understand my responsibility towards my child's medical bills if injury occurs. I further give consent for medical treatment by the closest hospital, doctor or medical facility.

Parent or Guardian's Signature: _____ Date: _____

RETURN COMPLETED FORM & CASH/CHECK PAYMENT of \$40 TO:

**Nick Tucci, Head Baseball Coach
Medford High School
489 Winthrop Street
Medford, MA 02155**

Please make your check payable to: *Friends of Medford Baseball*

(You may also register on Saturday, March 13th)

PROGRAM USE ONLY

Amount Paid: _____ Check # _____ Cash: _____ Date: _____