



2012 17u Championships - West Team
Player Release

Player's Name _____ Birthday _____ Age _____

Position(s) _____ Bats () Throws () Height _____ Weight _____

High School _____ Graduation Year _____

Address _____ City _____ State _____ Zip _____

E-mail Addresses

Father _____ Mother _____

Father's Name _____ Occupation _____

Phone# Home _____ Work _____ Cell. _____

Mother's Name _____ Occupation _____

Phone# Home _____ Work _____ Cell. _____

Emergency Contact _____ Phone # _____

Permission for Participation

Parent/Guardian:

I hereby request permission for my child to participate with the 2012 17u Championships - West Team try out. Should he make the team I request permission for him to participate in the practices and tournaments. I represent that my child is physically able to participate and I further acknowledge that there are certain risks of injury inherent in the participation of any sport and that such an injury may occur. I hereby release and discharge Mike Martin, the Las Vegas Baseball Academy and any volunteer coaches from any and all liability, claims, demands, and causes of action of any sort arising from any injury sustained by my child consequent of his participation with the 2012 17u Championships - West Team. I further understand that I am financial responsible for all fees associated with my sons participation with this Team i.e. tournaments fees, hotel costs and uniform costs. I agree to have all fees associated with the 2012 17u Championships - West Team paid in full by June 1, 2012.

Parent/Guardian Signature _____ Date _____

Emergency Medical Release & Medical History

Asthma ___ Allergies ___ Glasses/Contacts ___ Fractures within the last year ___ Current Medication ___
Head Injuries Within The Last Year ___ Dental (Braces/Bridges) ___ Any

Other Serious Injuries or Illnesses Not Mentioned

I/We the Parents give permission for any treatment necessary either on the practice field or on the game field. I/We authorize any hospital and/or physician to perform emergency treatment for any injuries resulting from any scheduled function including supervised travel to and from said function.

I/We certify that to the best of my/our knowledge all the above information is accurate and correct.

Parent/Guardian Signature _____ Date _____

