

Victors Homeschool Sports 2017-2018 Baseball Registration Form

PLAYERS & PARENTS:

Before signing this form, please be sure to read all "POLICIES" found on "FORMS & POLICIES" page of website at victorshomeschoolsports.com. Forms should be turned in to your coach by deadlines communicated in email.

PLAYER INFORMATION

Player #1 Name _____

Grade _____ Birthdate _____ SHIRT SIZE **Adult:** Sm Med Lg
Youth: Sm Med Lg

Player #2 Name _____

Grade _____ Birthdate _____ SHIRT SIZE **Adult:** Sm Med Lg
Youth: Sm Med Lg

Parents / Guardians _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Church Membership _____

Emergency Contact _____ Emergency Phone _____

Does your child have medical insurance coverage? Yes No

CONSENT FOR MEDICAL TREATMENT. I, _____ the parent/guardian of _____, hereby grant permission for any Victors coach and/or participating parent to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sports event as a member of Victors.

LIABILITY RELEASE. I understand that participation in sports is a risky activity. Victors, each of its coaches, parents, and representatives, as well as any sports facility utilized for Victors sporting events shall not be liable for any mistake of judgment, or negligence, in excess of any liability insurance procured for the purpose of insuring passengers in a vehicle and /or participation in sports. Except up to the limits of any insurance purchased for the purpose of insuring automobile passengers and/or participation in sports, I hereby agree, for myself and my

child, to hold harmless Victors, each of its coaches, parents, and representatives, as well as any sports facility utilized for Victors sports events, against all claims, loss, damage, injury, and liability, however caused, or in any way connected with my child's participation in Victors. Notwithstanding any language herein to the contrary, in no event shall any Victors director, board member, officer, coach or volunteer be personally liable for the negligent or intentional misconduct of any other person, regardless of any insurance policy that may cover the alleged event; and I, the parent or guardian of the above listed athlete, shall indemnify any such director, board member, coach, officer or volunteer for any loss, cost or expense incurred by them due to any lawsuit brought by or on behalf of my child against such director, board member, coach, officer, or volunteer which alleges that the willful reckless or negligent conduct of a person other than such director, board member, coach, officer or volunteer caused my child harm. In other words, no Victors volunteer shall ever be held liable for the negligent conduct or misconduct of any other person.

ACCEPTANCE OF POLICIES: Both my child and I have read and accept the terms of participation and attendance at Victors events as explained on the policies section of the Victors website.

*****Parent Signature** _____ **Date** _____

Season Fees.....	\$ _____
Tax-Deductible Donation to Victors (optional)	\$ _____