



PLAYER CONTRACT

BASEBALL (Age on April 30) _____

CHECK IF YOU ARE INVOLVED IN OTHER ACTIVITIES

FALL BASEBALL (Age on April 30) _____

CHECK IF YOU PLAY TRAVEL BALL

PLAYER INFORMATION

Name	Age	Date of Birth	Last Year's Team	Travel Team / Other Activities
Address	City	State	Zip	Phone
Email Address	Shirt Size	Pant Size	Preferred # (not guaranteed)	Opt Out of Baseball Fundraiser for \$30.00?

PARENT INFORMATION

Parents/Guardians Names	Address (if different from player's)	Email Address
Home Phone	Work Phone	Cell Phone
Insurer	Group #	Contract #

I am willing to volunteer in the following area (choose at least one):

Head Coach
 Assistant Coach
 Field Preparation
 Concession Stand
 Team Parent
 Fundraising

I DO I DO NOT give the Elizabethtown Boys Club permission to use photographic images of my child, without compensation, on it's website and in various media including print and televised media for the purpose of presenting or promoting the business and activities of the Elizabethtown Boys Club.

EMERGENCY INFORMATION

Emergency Contact (other than parent)	Emergency Contact Phone #	Emergency Contact Alternate Phone #
Family Physician	Physician's Address	Physician's Phone #

List any medical information (allergies, existing conditions, etc.) and any medications currently being used as pertinent to the player:

I give permission to my child to travel to and from, practice with, compete for, attend at, and otherwise participate in the activities of the Elizabethtown Boys Club. I certify that my child has no physical or mental condition that would subject him/her to any undue risk from such participation.

I understand that all equipment issued to my child, unless otherwise stated, is the property of the Elizabethtown Boys Club and shall be returned to the club cleaned and in reasonably the same condition as issued at the conclusion of the season or at such time as requested by the Athletic Director or other club official. I understand that failure to comply will result in the assessment of fees for the purpose of cleaning or replacement of the issued equipment.

I understand that the Elizabethtown Boys Club does not have liability insurance nor does it carry any health or accident insurance on my child and I agree that I shall be responsible for payment for any medical treatment, including transportation, caused by or arising out of any injury suffered by my child or by me or anyone related to me, our heirs, administrators and assigns, while traveling to or from, attending at, practicing or competing for, or otherwise participating in the activities of the Elizabethtown Boys Club. I authorize any medical provider to accept this signed form as my request for such treatment under any health insurance plan or other medical or emergency treatment plan whose benefits cover my child or me or anyone related to me, and I list the name and group and contract number of such plans above.

I hereby release, discharge, and indemnify the Elizabethtown Boys Club and/or pertinent leagues, their successors, assigns, officers, and employees from all liability for injury to the person or damage to the property of myself and player. This release and indemnification shall bind parent and/or guardian, his/her spouse, heirs, and legal representatives.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____