

# BORDERTOWN LITTLE LEAGUE BASEBALL

\_\_\_\_\_  
(PLAYER'S NAME)                      (MALE)    (FEMALE)    AGE AS OF 4/1/15    (DOB)

\_\_\_\_\_  
(ADDRESS)                      (TOWN)                      (PHONE)                      (EMAIL)

**PERMISSION FOR EMERGENCY TREATMENT:**

I hereby grant my child permission to participate in the Bordertown Little League Baseball/Softball Program. I am aware of the hazards associated with the sport and the risk of injury in this athletic program. I assume all risks and hazards, incidental to such participation, including transportation to and from activities and do hereby waive, release and agree to hold harmless the Bordertown Little League, the organizers, sponsors, supervisors, participants, volunteers, staff and persons transporting my child, for any claim arising out of injury to my child whether the result of negligence or for any other cause, except to the extent in the amount covered by accident or liability insurance. In case of emergency, I hereby give permission to the medical personnel, selected by the coach and/or staff in my absence, act as my agent of hospitalize, secure proper treatment for, to order x-rays, routine tests or other medical treatment for my child. Every effort will be made to contact parents in the event of emergency.

\_\_\_\_\_  
(PRINTED NAME)

\_\_\_\_\_  
(PARENT OR GUARDIAN SIGNATURE)

\_\_\_\_\_  
(DATE)

PLEASE LIST ANY MEDICAL CONCERNS \_\_\_\_\_  
THE STAFF OR COACHES SHOULD KNOW \_\_\_\_\_  
CONCERNING YOUR CHILD. \_\_\_\_\_

SHIRT SIZE (CIRCLE ONE)

- S
- M
- L
- XL

CHECK # \_\_\_\_\_

CASH \_\_\_\_\_

NEW IPSWICH RESIDENTS MAKE CHECKS PAYABLE TO: BORDERTOWN BASEBALL  
GREENVILLE RESIDENTS MAKE CHECKS PAYABLE TO: GREENVILLE BASEBALL