Manatee Adult Baseball Kids Clinic

YOUTH REGISTRATION FORM

Please print **clearly**. Thanks!

Name of Emergency Contact Phone(s) Relationship:

_____

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Manatee Adult Baseball, Inc. d/b/a The Manatee Adult Baseball League also d/b/a The Manatee Adult Baseball Charitable Trust ("Program"), a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and
discharge the Program, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Hands On Portland, its officers and directors, employees, agents and volunteers
harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I hereby confirm, represent and warrant that I have never been convicted of or charged with a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I ever been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I hereby grant the Program the irrevocable right to use forever any film, video tape, audio tape, photographs, slides, or combination thereof, for inclusion in any promotional or advertising purposes, and I agree to appear without pay.

_____

Date_____

Signature

Youth Registration Form
January 16, 2010 10 am – 4 pm

Parent/Guardian's Name: _____

Telephone# (_____) _____

Address:

_____

__:

(Please do not forget your city and zip code!)

Child's Age: _____ Circle grade entering Fall 2010: 3rd, 4th, 5th, 6th 7th 8th 9th 10th 11th

Emergency contact with **two** telephone #s

_____
_____

Allergies or health concerns:

_____
_____

* **Circle** Child's T-shirt size (adult) : Small Medium Large Extra-Large

(child): Small Medium Large Extra-Large

My child, _____, has my permission to participate fully in the **Manatee Adult Baseball Kids Clinic** activities.

I, _____, hereby hold harmless The Manatee Adult Baseball League also d/b/a The Manatee Adult Baseball Charitable Trust ("Program"), their staff, agents and assigns from any and all liability surrounding The Manatee Adult Baseball League also d/b/a The Manatee Adult Baseball Charitable Trust ("Program") activities. In the event of a medical emergency I hereby authorize the staff of The Manatee Adult Baseball League also d/b/a The Manatee Adult Baseball Charitable Trust ("Program"), to authorize medical treatment to my child.

_____ _____

Parent/Guardian Signature *Date: January _____, 2010*

During the Clinic, we take photographs of the participants to post on our website and bulletin boards. The children are not identified by name. If you do not want us to use photographs of your child (ren) please notify Daviud Montgomery, Esquire, in writing at 2103 Manatee Avenue West, Bradenton, Florida 34205 (Fax: (941) 747-6804 prior to the first day of camp.