



Madison/Anson Baseball in partnership with Skowhegan Cal Ripken

BASEBALL REGISTRATION
PARENT/GUARDIAN ASSENT & RELEASE



The undersigned being the parent or guardian of (child's name) \_\_\_\_\_, a minor, consent and assent to said child's participation in the athletic ventures, games, and sports events sponsored by the Town of Madison/ Recreation Department, and by this consent and assent do hereby assume all responsibility for any and all injuries and/or damages related thereto that said child may receive or sustain as a result of incident to the participation therein or any related activity thereof; and as further consideration of permitting said child to engage in said ventures, games, sports events, and activities related thereto the undersigned, jointly and severally, agree to indemnify, protect, and save harmless Town of Madison/Recreation Department from any and all judgments, costs, and expenses whatsoever arising on account of any action, claim, or demand by said minor, or by any person acting for or on behalf of said minor in respect of any claimed injuries or damages.

CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ MALE or FEMALE (please circle one)

PHONE NUMBER: \_\_\_\_\_ GRADE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_ CITY/ZIP: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

UNIFORM SHIRT SIZE (please circle) YS YM YL AS AM AL AXL

I GIVE MY PERMISSION FOR EMERGENCY MEDICAL TREATMENT IF I CANNOT BE REACHED AT THE TELEPHONE LISTED ABOVE

EMERGENCY CONTACT PERSON BESIDES PARENT: \_\_\_\_\_

RELATION TO CHILD: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

MEDICAL CONCERNS OR ALLERGIES: \_\_\_\_\_

PARENT/GUARDIAN AGREEMENT TO PUBLISH PLAYER INFORMATION ON THE SKOWHEGAN CAL RIPKEN WEBSITE. (THIS GIVES YOUR CHILD OR TEAM WEB MASTER PERMISSION TO POST TEAM, INDIVIDUAL & CANDID PHOTOS TO THE WEBSITE, NAMES WILL NOT BE INCLUDED UNDER THE PHOTOS)

\*\*\*YOUR CHILDS NAME WILL BE LISTED ON THE TEAM ROSTER WHICH IS POSTED ON EACH INDIVIDUAL TEAM SITE\*\*\*

I WILL ALLOW: \_\_\_\_\_ I WILL NOT: \_\_\_\_\_

Circle: I would like to volunteer for: coaching assistance coaching being a helper

NAME OF PARENT/GUARDIAN: (PLEASE PRINT) \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

TODAYS DATE: \_\_\_\_\_