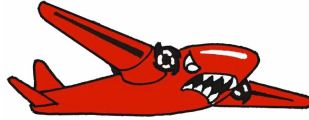


# Bombers Baseball Club of Southern California, Inc.



Please type or print clearly

Season Year: 2008

AGE DIVISON:

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Players Cell Number: : \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Bats: \_\_\_\_\_ Throws: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Hat Size: \_\_\_\_\_

High School Name: \_\_\_\_\_

GPA: \_\_\_\_\_ SAT: \_\_\_\_\_

## Release of Liability Information

I approve my child's participation with the **Bombers Baseball Club of Southern California, Inc.**. I expressly represent to **Bombers Baseball Club of Southern California, Inc.** that my child is in good health and physically capable of participating in any and all activities sponsored and associated with **Bombers Baseball Club of Southern California, Inc.**. I authorize **Bombers Baseball Club of Southern California, Inc.** or its representative to request and obtain emergency medical care/treatment for myself or my child as the circumstance may require and in connection with this authorization I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, of whatsoever kind and nature, to my child. I understand that **Bombers Baseball Club of Southern California, Inc.**, its staff members, associates, workers, and anyone associated with **Bombers Baseball Club of Southern California, Inc.** is harmless and release them from any liability from injury as a result of my child's participation in any activity sponsored by **Bombers Baseball Club of Southern California, Inc.**. This release of liability is based on the recognition that sport activities of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my child and I assume such risk when we participate in activities sponsored by **Bombers Baseball Club of Southern California, Inc.**. It is understood that once a player signs this agreement and makes payment there will be no refund for any reason. By signing this agreement the parents and player agree to abide by all the above, and also agree to give **Bombers Baseball Club of Southern California, Inc.** the right to talk to or release information to any or all College programs. Major League teams and scouts. You must sign below, or if under age 18, the parent or guardian of the participant must sign certifying that the above information has been read, complied with, and agreed to.

Parent or Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Fathers First Name: \_\_\_\_\_

Players Name (print) \_\_\_\_\_ Date \_\_\_\_\_ Mothers First Name: \_\_\_\_\_

## Medical Information

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Is the participant taking any medication? (Yes/No) If yes, what? \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

How often is this medication taken? \_\_\_\_\_

What is the purpose of the medication? \_\_\_\_\_

Is the participant allergic to anything and what? \_\_\_\_\_

Are there any physical limitations, special circumstances, or other information we should be aware of? \_\_\_\_\_