

OLPS Youth Baseball Waiver

PLAYERS NAME: _____

PARENTS' NAME: _____ PHONE NUMBER: _____

_____ PHONE NUMBER: _____

ADDRESS: _____

DATE OF BIRTH (AGE): _____ (____) GRADE: _____

WAIVER: In consideration of my child's participation in the activities of the Prompt Succor Baseball Program, I do hereby agree to hold free from any and all liability Prompt Succor and its coaches, officers, employees and members, and do hereby for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims of damages which I/my child may have to which may hereafter occur to me/my child arising out of or connected with me/my child's participation in any activities of the Prompt Succor Baseball Program.

I hereby declare myself/my child to be physically sound and able to participate in the activities of the Prompt Succor Baseball Program.

Signature

Date

Registration Fee: **\$50.00**
Uniform Deposit: **\$25.00***

****Please write separate checks for the registration fee and uniform deposit fee. The uniform deposit will only be cashed if the uniform is not returned by the date set by the coaches. 5th graders will be purchasing their uniform, so a uniform deposit is not necessary.***

Please make check payable to: **Prompt Succor Home and School**