

Victors Homeschool Sports
 702 Treeline Drive; Brandon, MS 39042
www.victorshomeschoolsports.com

Baseball Registration Form
Spring 2010

<u>PLAYER INFORMATION</u>	
Player #1 Name _____	
Grade _____ Birthdate _____ SHIRT SIZE Adult: Sm Med Lg	Youth: Sm Med Lg
Player #2 Name _____	
Grade _____ Birthdate _____ SHIRT SIZE Adult: Sm Med Lg	Youth: Sm Med Lg

Parents/Guardians _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ Church Membership _____

Emergency Contact _____ Emergency Phone _____

Does your child have medical insurance coverage? Yes No

CONSENT FOR MEDICAL TREATMENT. I, _____ the parent/guardian of _____, hereby grant permission for any Victors coach and/or participating parent to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sports event as a member of Victors.

LIABILITY RELEASE. I understand that Victors, each of its coaches, parents, and representatives, as well as any sports facility utilized for Victors sporting events shall not be liable for any mistake of judgment, negligence, or otherwise except in the event of their own individual willful misconduct. I hereby agree, for myself and my child, to hold harmless Victors, each of its coaches, parents, and representatives, as well as any sports facility utilized for Victors sports events, against all claims, loss, damage, injury, and liability, however caused, or in any way connected with my child's participation in Victors.

ACCEPTANCE OF POLICIES. Both my child and I have read and accept the terms of participation and attendance at Victors events as explained on the policies section of the Victors website.

Parent Signature _____ *Date* _____

Season Fees \$250 due Feb. 8, 2009	\$ _____
Tax-Deductible Donation to Victors (optional).....	\$ _____

.....Checks payable to "Victors Homeschool Sports"	TOTAL amount paid \$ _____