## Lancaster Mennonite Youth Baseball Program Registration Form

<b>Player Information</b>	า				
Player Name			Fee \$125 (\$10 discount for each additional student)		
Birthdate	Shirt size ( Adult Y	outh) (small	medium	large	extra large )
Parent\Guardian I	nformation				
Address		City		State _	Zip
P\G #2 Name			Phone		
Address		City		State _	Zip
Email					
Medical Informati	on				
<b>Emergency Contac</b>	t:		_ Phone:		
Relationship To Pla	yer:				
Insurance Carrier:			Policy:		
Parent Participation	on Please check any of the following	g ways in which	you would be	e willing to h	nelp.
☐ Coaching ☐ Field maintenance ☐ Concess			sions		
RELEASE AND	INDEMNIFICATION OF Lancas	ster Mennonite Y	outh Baseb	all Progran	n
Lancaster Mennon program activities, obligation whatsoe Mennonite Jr. High in its sole discretio or from those activitiers and passengengage in with LM otherwise indemnity personnel, including utilized for the pronegligence of any latensportation. I ag LM-JHB, that I sha	elow I affirm that I am parent or legite Jr. High Baseball (LM-JHB) drives LM-JHB may elect to provide sover to provide such transportation. In Baseball and its affiliated organizan. I understand that sports activities ities are inherently risky and pose tigers. Both for myself and on behalf JHB, including sports activities and fy LM-JHB and affiliated sponsors ag the owners of fields and facilities gram, from and against any claim, I LM-JHB personnel or from me or more that to the extent I or my child's all be held jointly and severally liab g from my child's participation in L	vers and personne uch transportation I agree that I and ations and sponso is such as those co- he specific risks of f of my child, I he d transportation f and organizations oss or damages b my child's particip is other parent(s) of le, together with	el to transport in from time to my child will res as determinducted by I of serious bookereby assume for such actives, their employ y or on behat pation in LM or legal guard my child's of	t my child to o time, althout abide by the ined and end the ined and end the ined and injury for the risk of the risk of the pyees, voluntially of me or result of the ined and in injury for the risk of the risk of the injury for me or result of the injury for inju	o and from LM-JHB- bugh LM-JHB has no the rules of Lancaster forced by LM-JHB I vehicular transportation to for participants, spectators, activities that I or my child by release, discharge and/or teers and associated my child arising from the activities or LM-JHB ble for any claim involving s) and legal guardian(s), for
CONSIDERED C		ILD MUST SIG	N FOR TH	IS REGIST	TRATION TO BE
Parent/Guardian:				Date	
Parent/Guardian:					
D4/C 1'				Date	
Parent/Guardian:				Date	
Parent/Guardian:	<u> </u>				