

Palisades Area Youth Baseball

Assigned Team (to be filled in by PAYB Representative only): \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

League Age (as of May 1): \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Township of Residence (voter's reg/real estate tax liability): \_\_\_\_\_

I/We, the parents/guardians of the above-named candidate for a position on a Palisades Area Youth Baseball team, hereby give my/our approval to his/her participation in any and all league activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Palisades Area Youth Baseball, the organizers, sponsors, supervisors, coaches, participants and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to our child in as good a condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above-named candidate upon request of PAYB officials.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Palisades Area Youth Baseball

Assigned Team (to be filled in by PAYB Representative only): \_\_\_\_\_

Participant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

League Age (as of May 1): \_\_\_\_\_ Birthdate (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_

Township of Residence (voter's reg/real estate tax liability): \_\_\_\_\_

I/We, the parents/guardians of the above-named candidate for a position on a Palisades Area Youth Baseball team, hereby give my/our approval to his/her participation in any and all league activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless the Palisades Area Youth Baseball, the organizers, sponsors, supervisors, coaches, participants and persons transporting my/our child to or from activities, for any claim arising out of an injury to my/our child, except to the extent and in the amount covered by accident or liability insurance.

I/We agree to return upon request the uniform and other equipment issued to our child in as good a condition as when received except for normal wear and tear.

I/We will furnish a certified birth certificate of the above-named candidate upon request of PAYB officials.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_