

Big Foot Ball & Glove 2010 Player Registration Form



PLAYER INFORMATION

Last Name

First Name

Gender Male Female

D.O.B. ____/____/____ Age (Aug. 1) ____ yrs

Address

Level

- T-Ball 10U Legion
 Coach Pitch 12U
 14U

City

State

Zip

School

- Fontana Sharon
 Reek Walworth
 Other _____

Home Phone

T-Shirt Size

- YS YM YL
 AS AM AL AXL

Mailing Address (if different)

City

State

Zip

Physical Limitations Please indicate any physical limitations (allergies, hearing, sight, etc.):

PARENT/GUARDIAN INFORMATION

Last Name

First Name

Relationship to Player

- Father Mother
 Guardian Other _____

Cell Phone

Preferred

Occupation

Work Phone

Preferred

Email Address

WAIVER & RELEASE

Please read this form carefully and understand that by registering your minor child/ward for participation in the Big Foot Ball & Glove Youth Baseball & Softball Program (hereafter known as "BFB&G"), you will waive and release all claims for injuries you or your child/ward might sustain arising out of the program.

RISK OF INJURY

"I recognize and acknowledge that there are certain risks of physical injury to participants in the BFB&G and I agree to assume the full risk of any such injuries, damages or losses regardless of severity which I or my child/ward may sustain as a result of participating in any activities connected or associated with the BFB&G. I do hereby fully release and discharge the BFB&G Board of Directors, coaches, volunteer staff, and employees from any and all claims resulting from injuries, damages, and losses sustained by me or by my child/ward, and arising out of, connected with, or in any way associated with the activities of any of the BFB&G."

MEDICAL ASSISTANCE

"In my absence, I authorize the coaches or other BFB&G personnel to use their judgment concerning medical care in case of emergency, illness, or injury of my child/ward during BFB&G activities."

Model Release

"I understand that the BFB&G may photograph, record audio, or record video of my child while participating in this program. I permit these photographs or recordings take place and I permit the BFB&G to use these photographs or recordings for publication as deemed necessary."

Uniform/Equipment

"I agree to return upon request, any equipment and/or supplies issued. I will return these items in as good condition as when it was received (except for normal wear and tear) or I will pay to replace the item(s). I understand that failure to return any portion of the items and/or equipment will result in a reasonable reimbursement fee."

I have read and fully understand the waiver and release above. I agree to its terms and conditions.

Parent/Guardian Signature

Date

VOLUNTEERING & FEES

VOLUNTEER

I will assist for the following during the season:

- Concessions Coach
 Team Parent Umpire
 Team Sponsor Other _____

FEES

League \$ _____
 Volunteer \$ _____
 Total Fees \$ _____

Note: If you cannot assist or volunteer, BFB&G will add a \$25 per player fee to each registration.

PAYMENT METHOD

Cash Check # _____
 Make checks payable & mail to:
Big Foot Ball & Glove
PO Box 127
Walworth, WI 53184