

IDLEWILD BAPTIST CHURCH RECREATION OUTREACH

2011 CHALLENGED CHAMPIONS

SOFTBALL REGISTRATION FORM – DUE BY FEB 12

NOTE: One player per form. ALL INFORMATION MUST BE COMPLETED.

Player's Last Name	Player's First Name	MI	Birthday	Gender (M/F)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	ST	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Church (If you regularly attend, which one?)	e-mail: Please Print Clearly		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Father's Name	Work/Cell Phone	Mother's Name	Work/Cell Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

T- SHIRT SIZE

- Adult Small Youth Small
Adult Medium Youth Medium
Adult Large Youth Large
Adult X-Large

NO CHARGE

**Saturdays
9:30 – 10:30 a.m.
Field 6**

March 26 through May 14
Awards Night – May 1

PLEASE READ CAREFULLY -- RELEASE MUST BE SIGNED

What disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other significant medical conditions does this participant have? _____

If you wish to have your family doctor contacted in case of emergency, please provide contact information:

Doctor's Name: _____ Phone #: _____

EMERGENCY AUTHORIZATION

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches or parents of the team member acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the below emergency contact.

Emergency Contact: _____ Relationship: _____ Phone: _____

This grants to Idlewild Baptist Church and their designees the irrevocable permission to use his or her voice or likeness in any media now or hereafter existing in connections with all or any part of the activity or related events, for any purpose whatsoever, including the commercial purposes of Idlewild.

INFORMED CONSENT AND RELEASE

I, for myself, my heirs, executors, minor child and administrators, waive and release any and all rights and claims for damages I and/or my minor child may have against Idlewild Baptist Church or against its agents, employees, volunteers and contractors from any and all claims, damages or actions of any nature whatsoever, as a result of participation in the sport for which this Informed Consent and Release is signed. We hereby release those parties from any and all demands, claims or actions, including ones arising from their negligence or the negligence of any one of them, even if the negligence results in severe personal injury or death.

We recognize and agree that the sport for which this Informed Consent and Release was signed is one that is physically, emotionally and spiritually beneficial and that the activity involves inherent and unavoidable risks. We have measured the risks against the benefits and have determined that the benefit far outweighs the risk. We also recognize that the sport may not be provided absent an Informed Consent and Release signed by all participants. We have considered our ability to obtain independent insurance coverage or our family's other means to cover the expense of any loss, damage or injury and we accept the risk and expense. We have read the entire Informed Consent and Release, and voluntarily accept the conditions stated herein as a requirement to participate in this sport.

***SIGNATURE OF PARENT/
LEGAL GUARDIAN**

DATE

Recreation Outreach Ministry
Chris Basham – Minster Recreation
Robby Alvarez – Coach

For official use only

Date Received:

Type of Payment:

Amount: