

Bluffton Youth Baseball Association

PO Box 227

Bluffton, IN 46714

Paid \$35 fee- _____

_____ Year Old

Junior or Farm League (circle one)

Team Name: _____

Bluffton Youth Baseball Association Consent for Participation Form

Please Complete:

Player Name: _____ Date of Birth: _____

Telephone #: _____ Address: _____

Consent and Disclaimer:

I give my consent for the above named player to participate in athletic activities and other events sponsored by Bluffton Youth Baseball Association. I release the association, its coaches and all other volunteers from all the liability for any injury that the above named player may suffer while participating, watching or traveling to such events. In the event of an emergency and I cannot be reached, I authorize a representative of the Association to obtain necessary medical care for the above named player.

Signature: _____ Date: _____

Relationship to named player: _____

Person other than one named to be emergency contact:

Name: _____ Telephone #: _____

Rules:

1. No player may practice until this form is filled out and turned in to the Association.
2. A player may not play in any regularly scheduled games until the form is filled out and the fee is paid in full.