

SAN ANTONIO HOMESCHOOL WOLVERINES BASEBALL
 A MEMBER OF THE SAN ANTONIO HOMESCHOOL ATHLETIC ASSOCIATION
 REGISTRATION
 2018

PLAYER INFORMATION

Last Name, First Name (name preferred to be call) :		Address: City, State, Zip:	
Home Phone:	Date of Birth*:	Grade†:	
Player's Cell & E-mail(s) for distribution list:	Baseball experience (past 3 years):	Jersey size: S M L XL XXL	Jersey # Preference: 1. _____ 2. _____ 3. _____
		Hat size: S/M M/L L/XL	

PARENT/GUARDIAN INFORMATION

Father's Name:	Mother's Name:
Cell Phone:	Cell Phone:
Employer/Occupation:	Employer/Occupation:
E-mail:	E-mail:

RELEASE OF LIABILITY FOR PARTICIPATES -- READ BEFORE SIGNING

IN CONSIDERATION OF _____ (Player), my child, being allowed to participate in any way in the **SAN ANTONIO HOMESCHOOL WOLVERINES BASEBALL** (hereafter "the Club") and/or **SAN ANTONIO HOMESCHOOL ATHLETIC ASSOCIATION** (hereafter "the Association") related events and activities, the undersigned acknowledges, appreciates, and agrees that:

Waiver of Liability

The risk of injury to my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown and assume full responsibility for my child's participation. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately. AND HEREBY RELEASE AND HOLD HARMLESS the Club, the Association and its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs to the fullest extent permitted by law.

Medical Release

I recognize that there may be occasions where my player may be in need of first aid or emergency medical treatment because of an accident, illness, or other health condition, or injury. I do hereby give permission for agents of the Club to seek and secure any needed medical attention or treatment for the player named above including hospitalization, if in the agent's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment and in doing so; I agree to pay all fees and costs arising from the action to obtain medical treatment.

Release of Information

Authorize the Club and/or the Association to release the player's first and last names, age, graduation class, school, and picture on any print or electronic media including their web site. I additionally authorized the release of relevant personal information, including SAT and ACT scores along with GPA, to college coaches and representatives for the purposes of recruiting.

Financial Responsibility

Do hereby agree to pay the full participation fee in the periods outlined by the Club. My outstanding balance with the Club must be kept current or my son will not be allowed to continue to participate in practices and games and no refunds of amounts previously paid will be provided. Should financial arrangements need to be made; this will be done in writing with a representative of the Club or the Association. A full refund of all payment will be returned to the player, less the cost of the uniform, in which the player may keep, up to the date of the first regular season tournament.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed

*A player must be between the ages of 13 and 19 on Sep 1 of the school year. †A player may not play at the same grade in subsequent years; therefore, the initial grade will be used to calculate future grades levels. A player may play up to 4 years (5 years if the first year is the 8th grade) or until age 19.