



San Diego Crush Baseball Academy
Player Registration Application & Release

Player Information

Player's First Name	Player's Last Name	Player's D.O.B.
<input type="text"/>	<input type="text"/>	<input type="text"/>
Player's School Name	Grade	
<input type="text"/>	<input type="text"/>	
Emergency Contact #1 Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Emergency Contact #2 Name	Relationship	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
List any medical problem(s)/physical limitation(s) player has:		
<input type="text"/>		

Parent / Guardian Information

First Name	Last Name	Relationship
<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address		
<input type="text"/>		
City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>
Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	

Parent / Guardian Release

I/We, the parents/guardians of the above-named player hereby agree to the following:

1. That the information that I have provided is accurate and complete.
2. To give my/our approval to participate in any and all San Diego Crush Baseball activities, including transportation to and from the activities.
3. I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify, and agree to hold harmless the San Diego Crush Baseball, the organizers, sponsors, supervisors, participants, and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or for any other cause.
4. To hereby give my/our consent for San Diego Crush Baseball Academy or to the employees, representatives or agents of San Diego Crush Baseball Academy to arrange for all necessary medical treatment for which I shall be financially responsible. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent
5. To hereby give my consent to San Diego Crush Baseball to take photographs, video recordings, and/or sound recordings of the above named player in documenting the activities of San Diego Crush Baseball's programs. I grant San Diego Crush Baseball permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for San Diego Crush Baseball educational and promotional purposes in manuals, on flyers, on the world wide web, or in other publications.
6. To pay for all damages to the facilities of San Diego Crush Baseball Academy caused by any negligent, reckless, or willful actions by me or my family.
7. To observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by San Diego Crush Baseball Academy, or the employees, representatives, contractors, or agents of San Diego Crush Baseball Academy.

Signature of Parent/Guardian:	Date:
<input type="text"/>	<input type="text"/>