



2019
BROOKFIELD
BULLDOGS/Jr. LANCERS
TRY OUT BASEBALL
WAIVER FORM



(One player waiver form for EACH participant must be completed & signed by parent or guardian)

PLAYER _____ PLAYER AGE/GRADE _____

ADDRESS _____ CITY _____ ZIP _____

PLAYER EMAIL _____ SCHOOL _____ DOB _____

PLAYED BASEBALL YES NO WHERE? _____ POSITION(S) _____

WHAT AGE LEVEL WOULD YOU LIKE TO PLAY?

DO YOU PLAY OTHER SPORTS? YES NO CLUB/SELECT PARK & REC

IF YES, WHAT SPORTS? _____

PARENT/GUARDIAN: _____ EMAIL _____

ADDRESS _____ CITY _____ ZIP _____

PHONE(S) _____

PARENT/GUARDIAN ASSUMPTION OF RISK, WAIVER AND RELEASE

I/we am/are the parent(s) or legal guardian of _____ Who desires to be a participant in the BROOKFIELD BULLDOGS BASEBALL/Jr. LANCERS CLUB. It is important to me/us that this child is allowed to participate in this activity. I/we understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences, which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the BULLDOGS/LANCERS allowing my child to participate in baseball and/or use of facilities, I/we, on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of facilities. I/we acknowledge that a medical exam is encouraged if I/we have any questions concerning the above-named child's participation in this activity. I/we further agree, individually and on behalf of the above-named child, to release and hold harmless the Brookfield Bulldogs/Jr. Lancers Baseball Club, its coaches, Board of Directors, its hired or contracted instructors and any other agents and waive any right of recovery that I/we may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the child's voluntary participation in this activity. I/we grant my (our) full and voluntary consent for the above-named child to participate in the activity described above. I/we further agree that pictures taken during program hours may be used for future promotional purposes.

 Parent(s) / Guardian Printed Name(s) Date

Parent(s) / Guardian Signatures(s) _____

PARTICIPATION WAIVER

I understand that this is a competitive baseball program. I also understand that there is no guaranteed playing time in this league. I understand that it is the coach's decision to determine playing time for the players. If I have any concerns regarding playing time, I will discuss the issue with the coach directly.

 Parent(s) / Guardian Printed Name(s) Date

Parent(s) / Guardian Signatures(s) _____