

TOP SPEED BASEBALL

Please fill out the player information sheet and release of liability.
Form for Players that are 18 years and older

First Name:		Last Name:	
Players Age:		Birth Date:	
Address:		City, State, Zip:	
Phone:		School, Name:	
Cell Phone:		Parents, or Legal Guardian	
E-Mail Address:		Camp Date	
List any medical problems player has:			
Person to notify in case of emergency: Phone:			

Release: I, agree that I will abide by the rules of Top Speed Baseball during all, private lessons, group clinics, team practices and player camps. Recognizing the possibility of physical injury associated with baseball and its consideration for Top Speed Baseball, accepting the registrant for its programs and activities, I hereby release, discharge and/or otherwise indemnify Top Speed Baseball, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities used for the programs, against any claim by or on behalf of the registrants participation in the programs.

Name:

_____ Date _____

Signature : _____