

TOP SPEED BASEBALL

Please fill out the player information sheet and release of liability.

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, the parent or legal guardian of the registrant, agree that the registrant and I will abide by the rules of Top Speed Baseball during all, private lessons, group lessons, 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.

Parent or Legal Guardian: (Please Print)

_____ Date _____

Signature : _____