

Chad Moeller Baseball
7498 E. Monte Cristo Ave, Scottsdale AZ, 85260

REGISTRATION & WAIVER FORM:

Participants Name: _____
Mother's Name: _____ Cell phone: _____
Fathers Name: _____ Cell phone: _____
HomeAddress: _____
City/State/Zip: _____
EmailAddress: _____

Player's Name: _____ Age: ____ Birthdate: __/__/__

Player's Name: _____ Age: ____ Birthdate: __/__/__

Player's Name: _____ Age: ____ Birthdate: __/__/__

EMERGENCY & MEDICAL INFORMATION

Contact Name: _____ Phone# _____ Insurance
Company: _____ Policy# _____
Any Medical Condition to be aware of: _____
Medications: _____
Allergies: _____

ACKNOWLEDGEMENT of RISK and WAIVER LIABILITY

As parent or legal guardian of the player(s) named above, I understand and appreciate the risks associated with the sport of baseball and softball and related activities. I am fully aware of the risk of injury involved, catastrophic injury, paralysis, even death as well as other damages and losses associated with participation in baseball, softball related activities.

I understand that it is the intent of LLC / Chad Moeller Baseball to provide for the safety and protection of my child, and in consideration for allowing my child to use this facility, I hereby forever waive and release LLC / Chad Moeller Baseball, it's officers, employees, instructors, directors, coaches, landlord, and independent contractors from all liability for any damages and injuries suffered by my child while under the instruction, supervision, or control of LLC / Chad Moeller Baseball.

Medical Release: I hereby give my consent to LLC / Chad Moeller Baseball to provide emergency care and to give authority to any hospital, or doctor to render immediate aide as might be required at the time for his or her health and safety.

Image Release: I hereby give my consent to LLC / Chad Moeller Baseball to use my child's image in any form of media, including print, television, internet, for advertisement, and promotional purposes.

As legal parent or guardian of the player(s) named above, I hereby verify by my signature below that I accept the conditions of the waiver and release and furthermore I permit my child to participate in the events provided by LLC / Chad Moeller Baseball.

I HAVE READ AND FULLY UNDERSTAND ALL THE INFORMATION ABOVE

Parent or Legal Guardian Printed Name _____

Parent or Legal Guardian

Signature _____ Date _____