

CHICO SUNS BASEBALL CLUB

American Legion Baseball Club Post 17
District Champions 98-99-00-02-04-05-06-08 Area 1 Champions 02-04-06-08

First Name _____ Last Name _____

Birth Date: _____ Email: _____ Cell Phone: _____

Home Phone: _____ Address: _____

Parents: _____ Parents Occupations: _____

School Attending: _____ Current Grade: _____ Grad Year _____

Preferred Position: _____ Second Choice: _____ Third Choice: _____

Throw: _____ Bat: _____ Height: _____ Weight: _____

Hat size: _____ Windbreaker Size: _____ # choices _____

Medical Concerns: _____

Have You Played for Chico American Legion Baseball Previously? _____ Teams (s) _____

I certify that the information shown above regarding me is correct and I agree to devote my entire service as an American Legion Baseball player this season to Chico American Legion Baseball, and I agree to abide by all the rules and regulations of American Legion Baseball and Chico American Legion Baseball. I agree to accept the sole, exclusive, and final jurisdiction and authority of the American Legion National Appeals Board over any, ruling(s), dispute(s), disagreement(s), or subject matter having to do with or having any impact or effect upon The American Legion Baseball Program, rules, tournaments, administration, or games. Voluntarily and of my own free will, I elect to participate as a member of The American Legion Baseball Team. I understand that the very nature of baseball has its hazards that can cause serious injury and/or death.

Player's Signature

Player's SS#

Date

PARENTAL CONSENT

1. I/we have read the player agreement, and release of liability/indemnification agreement above, and agree to allow our son to participate in American Legion Baseball.
2. I/we understand and acknowledge and appreciate the risks and dangers involved in allowing our son to participate in American Legion Baseball and I/we assume all risks of injury and damage incident to his participation in American Legion Baseball. I/we further in consideration of the privilege to play American Legion Baseball, hereby release, discharge and relinquish The American Legion, its officers, agents, their representatives, employees and officials from all claims, demands, actions, and cause of action of any sort, for any injuries sustained by our son.
3. I/we agree to the sole, exclusive, and final jurisdiction and authority of The American Legion National Appeals Board over any question, dispute, disagreement or ruling involving our son or team.
4. I/we agree in the event of illness or injury to my son during an American Legion Baseball game or practice, I/we hereby give consent for the performance of such diagnostic, medical and/or surgical treatment on my child as may be deemed medically necessary in order to assure the safety of my child.

Signature

Relationship

Date

Emergency Contact: _____ Emergency Phone #: _____

Parent's Medical Insurance & Policy # _____ Family Physician _____ # _____