

HAMPTON ROADS HOMESCHOOL SPORTS

BASEBALL 2012 REGISTRATION FORM

PARENTAL PLEDGE

I commit to Hampton Roads Homeschool Sports, (H.R.H.S.) to help teach and uphold Christian principles of respect, self-discipline, teamwork, and sportsmanship for our children. I will pay the registration fee of \$45.00 per player. I am aware that sports insurance is not provided by H.R.H.S. I am aware, also, that all boys and girls who participate must not wear jewelry or tattoos; for boys, no long hair, "Mohawks", and/or bandanas. I understand that if there is a time when I am unable to be present for the entire practice or game, I will notify the coach and/or team mom of a designated responsible adult for my child.

Parent(s) or Guardian's signature _____

The church your family attends _____

PLAYER INFORMATION

Name (as it will appear on the trophy) _____

Address _____

City _____, State _____, Zip _____

Home Phone _____ Email _____

Emergency Phone _____

Male _____ Female _____ Age _____

Birth ___/___/___ SHIRT SIZE _____ Adult – Sm Med Lg
Youth – Sm Med Lg

I prefer a Thursday night practice in Norfolk _____

I prefer a Friday night practice in Chesapeake _____

I can be flexible with either night and location _____

This document has legal ramification: read carefully!

Parental Permission, Medical Release, Indemnity and Insurance Waiver

I, _____ the parent/guardian of _____ grant permission for my son/daughter/ward to participate in H.R.H.S. and certify that he/she is physically fit to participate in the program. I hereby grant permission for any H.R.H.S. Board member and/or coach to seek emergency medical treatment in case of injury or accident incurred by my child while participating in a sport event as a member of H.R.H.S. I am aware that my child's participation in athletic events poses a potentially serious risk of injury as a result of my child's negligence, and negligence of others or through no fault of my child or anyone else, because of the nature of the sports activity.

I understand that H.R.H.S., each member of its Board of Directors, coaches, and representatives, as well as any sports facility utilized for H.R.H.S. sporting events shall not be liable for any mistake of judgment, negligence, or otherwise except in the event of their own individual willful misconduct. I hereby agree, for myself, my child, our heirs, executors, administrators, and assigns to indemnify and hold harmless H.R.H.S., each member of its Board of Directors, coaches, and representatives, as well as any sports facility utilized for H.R.H.S. sporting events, against all claims, loss, damage, injury, and liability, however caused, resulting, from arising out of or in any way connected with my child's participation in H.R.H.S. athletic events, whether or not caused or contributed to by negligence, alleged negligence or otherwise, on the part of H.R.H.S., each member of its Board of Directors, coaches, and representatives, as well as any sports facility utilized for H.R.H.S. sporting events. I further understand that H.R.H.S. does not provide insurance coverage for my child's participation in the program and that insurance coverage for any loss of physical injury incurred as a result of my child's participation in H.R.H.S. events is my sole responsibility.

Parent(s) or Guardian's signature _____

NEVER LEAVE A CHILD AT A PRACTICE OR GAME WITHOUT A DESIGNATED RESPONSIBLE ADULT!

Please provide medical and insurance information in the event of an emergency:

(Physician's name and phone number)

(Insurance company and policy number)

Does your child have any requirements of which we need to be aware, such as dietary needs, medication, sleep walking, serious anxiety, or a chronic disorder, which may affect the type or necessity of medical treatment? _____