

# Athletic Edge

**INDOOR BATTING CAGES • FALL INSTRUCTIONAL BASEBALL LEAGUE • CAMPS AND CLINICS**



**MEDICAL RELEASE/CONSENT:**

Child's Name (Last)	(First)	Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Date of Birth
Parent's Name (Last)	(First)	Home Phone	Cell/Pager
Address (Street)	(City)	Zip	E-mail
Physician	Address	Phone	
Insurance/HMO	Policy Number	Phone	

Are there any allergies, medical conditions or special needs we should be aware of? Yes  No

If yes, please Explain: \_\_\_\_\_

I authorize Athletic Edge or his/her authorized agent to consent to any medical treatment and/or hospital care, which is given to my child, listed above, under the supervision of a duly licensed physician or trained medical personnel.

By signing this consent form, I agree that my child is in good physical condition and there is nothing preventing them from engaging in active or passive exercise or from any activity or service offered by Athletic Edge. I agree to allow my child to participate in all Athletic Edge activities. I allow for photographs taken, while participating, to be used for marketing purposes unless otherwise indicated in writing

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL AUTHORIZATION**

I, the parent/legal guardian of the above named child, hereby give my approval to his/her participation in any and all of the activities of the ATHLETIC EDGE during the coming year. I understand there is an inherent risk of injury or even death by participation in the sport of baseball. I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless the ATHLETIC EDGE; the organizers, sponsors, and the supervisors, any or all of them. In case of injury to my child, I hereby waive all claims against the organizers, sponsors, or any of the supervisors appointed by them. I likewise release from responsibility any person transporting my child to or from the activities. I will furnish a certified birth certificate of the above named applicant upon request of the ATHLETIC EDGE officials.

Parent/Legal Guardian (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

<input type="checkbox"/> Open Registration - Ends 6/30/2010	\$ 195	Credit Card # _____
<input type="checkbox"/> Late Registrasion - 7/1/2010-7/23/2010	\$ 225	Expiration Date _____
<input type="checkbox"/> Minor Division 7-9		Name on Card _____
<input type="checkbox"/> Major Division 10-11		Signature _____
<input type="checkbox"/> Jr/Sr Division 12-15		
<input type="checkbox"/> Other _____	\$ _____	Birth Cert: <input type="checkbox"/> Fee Paid: _____ Ck. <input type="checkbox"/> C.C. <input type="checkbox"/> Cash <input type="checkbox"/> Date: _____
Total Charges _____		