

Sitka Baseball Club

Consent & Waiver

I give permission for my child, _____, to participate in Sitka Baseball Club (SBC) activities. I also give my permission for photographs of my child to be displayed on the official SBC Facebook page and/or SBC Website, or on marketing material used by the SBC program publicly. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. In the event I cannot be reached, I further consent to medical, surgical and hospital care, treatment and procedures performed for my child when deemed necessary or advisable by the physician to safeguard my child's health.

I understand that baseball activities and training can be dangerous and serious injuries and death can occur. I waive, release and hold SBC, the coaching staff of SBC, its sponsors, its affiliates and partners harmless from any injuries and illnesses incurred by my child while participating in activities with SBC. I have read and understand the above.

Signature of Parent / Guardian _____
Date _____

Home Phone _____ Cell Phone _____

Email _____

Secondary _____ Email _____

Emergency Contact _____ Phone _____

Mailing _____ Address _____

Child's Date of Birth _____ Gender _____

Child's Name:

(First) _____

(Middle) _____

(Last)
