

Sitka Baseball Club

Parent Commitment / Insurance Information

My child _____ will abide by the rules, regulations and directions of the coaching staff and directors in charge of the Sitka Baseball Club (SBC) program or session in which he/she will be participating.

It is the responsibility of every individual, their parents or legal guardian to provide for their own health coverage while participating in SBC activities with Sitka Little League (Little League International insurance) providing secondary coverage. SBC will be seeking out secondary coverage insurance from another plan to take effect January 1st through the beginning of the Little League season. Please note any allergies to medication.

(Parent / Guardian Signature) _____ (Date)

Insurance _____

Company:

Authorization of Participation:

Group # _____

Subscriber #

Allergies: _____