

SITKA BASEBALL CLUB

Parent Commitment / Insurance Form

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. For the younger players, who are still participating in Sitka Little League (Juniors level down) SLL and Little League International will provide secondary coverage so long as the player remains registered (through the calendar year-expires Dec 31). Please note any allergies to medication.

Insurance Company: _____

Group Number: _____

Allergies: _____

Parent Authorization / Commitment: _____