

2017 Fairmont Baseball Association
Legion Registration
www.fairmontsports.com

Name: _____ Current Grade: _____

Date of Birth: ____/____/____

Parent/Guardian: _____

Address: _____

Phone Number: ____-____

Cell phone: ____-____

Parent e-mail address: _____

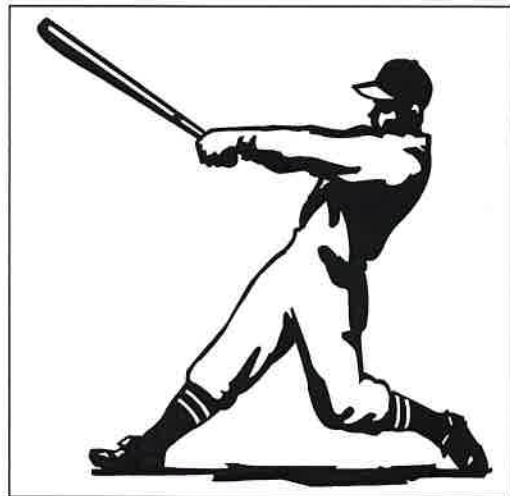
Player e-mail address: _____

Legion Baseball Registration: \$0.00

I hereby certify that the above mentioned child has my permission to participate in the scheduled practices, games, tournaments, and other activities of the Fairmont Baseball Association.

I further certify that I release the Fairmont Baseball Association, its elected officers, the coaches, and all other duly-authorized agents from any liability incurred as the result of injuries or damages sustained, not the direct result of negligence or fault of said party, the organization, its elected officers, duly-authorized agents, or coaches.

I understand that the league assumes no responsibility for for injuries or damages incurred outside the reasonable supervisory control of its duly-authorized agents or coaches during a scheduled event. I further certify that the applicant is covered by an applicable insurance policy coverage, or that I take full responsibility for such matters.



Parent/Guardian Signature: _____

DATE: ____/____/____