

Fairmont Baseball Association
VFW Registration
Under 17 by June 1
www.fairmontsports.com

Name: _____ Current Grade: _____

Date of Birth: ____ / ____ / ____

Parent/Guardian: _____

Address: _____

Phone Number: _____ - _____

Cell phone: _____ - _____

Parent e-mail address: _____

VFW Registration: \$125.00

Make checks payable to and send to:

Fairmont Baseball Association

110 Eltinge Place

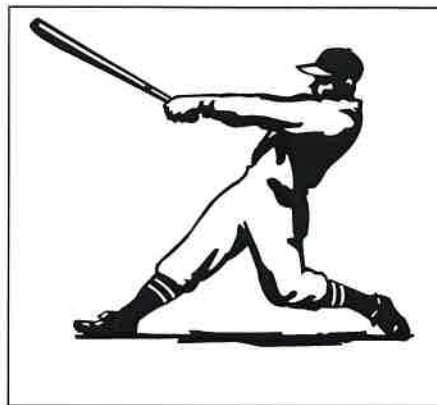
Fairmont, MN 56031

Due by June 1

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 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: ____ / ____ / ____