

# HOME SCHOOL P.E. @ "THE CHUCK" REGISTRATION



Semester I: Sept. 8 – Dec. 17, 2010 \_\_\_\_\_ 10:00 \_\_\_\_\_ 11:30 \_\_\_\_\_ 1:00 \_\_\_\_\_ Mon/Wed \_\_\_\_\_ or Fri \_\_\_\_\_

Semester II: Jan. 3 – May 11, 2011 \_\_\_\_\_ 10:00 \_\_\_\_\_ 11:30 \_\_\_\_\_ 1:00 \_\_\_\_\_ Mon/Wed \_\_\_\_\_ or Fri \_\_\_\_\_

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent's Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Association \_\_\_\_\_

TShirt Size (Adult/Youth) \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Method of Monthly Payment (CC, Check, Cash) Amount\$ \_\_\_\_\_ Registration Fee \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_ Signature \_\_\_\_\_

List any Health Factors/Medications \_\_\_\_\_

Notes \_\_\_\_\_

I hereby authorize any medical treatment, which may be advised or recommended by the trainers or attending physician while participating in any activities with Home Plate, LLC and Tournament Play Field Partners, LLC. I understand that an injury may result from participation in camp, practice or game related activities. I hereby release Home Plate Baseball LLC, and Tournament Play Field Partners, the coaching staff and trainers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child while participating in activities, or while it, or, or upon the premises where the activity is being conducted. As the parent or guardian of the above listed athlete, I also give permission for any emergency medical care that may be required, including transportation and I accept responsibility for the costs.

Parent Signature \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_