

HOME PLATE



Please send form to:
Home Plate
611 Hwy 74 South, Suite 800
Peachtree City, GA 30269
Any Questions? Call 770-631-3044

DATE _____

MEMBERSHIP REGISTRATION

Memberships: Individual \$25 _____ Family \$40 _____ Registration Fee \$50
*Membership is paid monthly by credit card auto pay or in full annually.
Membership is for one year and will continue unless we are notified in writing. A signature is required to terminate. There will be no refunds.*

PROGRAM/CAMP REGISTRATION

Program Attending _____ Program Dates _____

PLAYER PROFILE

Player's Name _____ Birthdate _____ Playing Age Group _____

Parent's Names _____ Siblings _____

Address _____ City _____ State _____ Zip _____

Phone(____) _____ Cell (____) _____ Email _____

Emergency Contact _____ Phone _____

Height _____ Weight _____ Bats (L/R) _____ Throws(L/R) _____ Primary Position _____ Secondary Positions _____

List any Health Factors/Medications _____

*****High School Players Only*****

School _____ GraduationYear _____ GPA _____ ACT _____ SAT _____

I hereby authorize any medical treatment, which may be advised or recommended by the Home Plate trainers or attending physician while participating at a Home Plate activity. I understand that an injury may result from participation in camp, practice or game related activities. I hereby release Home Plate Baseball LLC, the coaching staff and trainers, Tournament Play Fields, LLC, Speed Sports Performance, LLC 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 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 _____