

**Plainview Baseball Association
P.O. Box 94, Plainview, NY 11803
Umpire Parental Waiver**



The undersigned hereby applies for membership in the Plainview Baseball Association:

PLEASE PRINT CLEARLY

Name: _____ Phone: _____ School: _____

Address: _____ Birthday: _____ Grade: _____

E-mail: _____ Sex: _____

Mother's Name: _____ Father's Name: _____ School: _____

Program: BOTH _____ Baseball _____ Softball _____

All candidates must be 13 years old by April 1, 2012.

PARENTAL WAIVER AND CONSENT FORM

As the parent of legal guardian of the child named, I hereby give my full consent and approval for my child to participate as a team member in the sport designated above.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the organization named above, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

Dated _____

Signature _____

(Application will be rejected without signature)