

ULLL BOYS OF BASEBALL - NATIONAL TRAVEL TEAM BASEBALL SCHOOL & PARENTS/COACHES CLINIC

Hosted By: Upper Loudoun Little League

Registration Information (complete for all registrations)

Mother

Father

Name: _____
 Address: _____
 Apt./PO Box: _____
 City/ST/Zip: _____
 Daytime Phone: _____
 Evening Phone: _____
 Mobile Phone: _____
 e-Mail: _____

Sign
Me
Up
✓

Sign
Me
Up
✓

Total
Due

Friday Night Coaches & Parents Clinic \$ _____

Saturday Baseball School & CDP Try-Outs

For more information visit: www.boysofbaseball.com

Baseball School 8:30-11:30	10U CDP Try-Out 12:00-1:30	12U CDP Try-Out 1:30-3:00
\$55	\$35	\$35
✓	✓	✓

Player Name: _____	DOB: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	_____
Player Name: _____	DOB: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	_____
Player Name: _____	DOB: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	_____
Player Name: _____	DOB: ___/___/___	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	_____

Make checks payable to **BOYS OF BASEBALL**. Mail your completed and **signed** Registration Form, with a check in the amount of the **TOTAL PAYMENT DUE** to:

ULLL BOB-NTT Baseball School
 c/o Tom Phillips
 35180 Dornoch Court
 Round Hill, VA 20141

Total Registration Fees Due: \$ _____
 Tax Deductible Donation to BOB-NTT: \$ _____
 Tax Deductible Donation to ULLL: \$ _____
TOTAL PAYMENT DUE: \$ _____

I, the undersigned parent or legal guardian of the above-named minor player(s) ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of the Upper Loudoun Little League and Boys of Baseball - National Travel Team to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in baseball necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove him/her from participation and bring such concern to the attention of the nearest official immediately.

In consideration of accepting the registration and permitting the voluntary participation of Player in ULLL BOB-NTT programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law the ULLL and BOB-NTT, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by ULLL & BOB-NTT and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any ULLL and/or BOB-NTT-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

I further acknowledge that ULLL and BOB-NTT is primarily administered by volunteers rather than paid professionals. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which we live and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

ACKNOWLEDGEMENT AND CONSENT: I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

Printed Name: _____ Signature: _____ Date: _____