

Stallions Baseball Mission Statement

TO MAINTAIN A VERY HIGHLY COMPETITIVE, TRAVELING BASEBALL TEAM CONDUCTING ITSELF HONORABLY WITHIN THE GOOD IMAGE, ETHICS AND CHARACTER OF THE COMMUNITY IT REPRESENTS SO THAT ALL WHO PLAY, COACH, GOVERN AND SPECTATE REFLECT AND EMBODY THE VALUES, PRINCIPLES AND JOY OF BASEBALL THROUGH THEIR HARDWORK, HUSTLE AND COMMITMENT.

STALLIONS BASEBALL REGISTRATION 2010

Name _____ Age on April 30, 2010 _____

Birthdate _____

Phone: Hm. _____; Cell _____; Work _____

(Please circle preferred phone number)

Email _____; alt. email _____

Full Mailing Address _____

I/we, or the parents of the above named candidate for a position on a Stallions Baseball team, hereby give my/our approval to participate in any and all Stallions baseball team or group activities including transportation to and from the activities.

I/We know that participation in baseball may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve indemnity and agree to hold harmless the Stallions baseball organization or team or representatives, sponsors, supervisors, participants and persons transporting me and or my/our children/child to and from activities for any claim arising out of any injury to me and/or my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. I further agree to utilize my private insurance policy first to cover any fees incurred from injury in participation of Stallions baseball.

I will furnish a birth certificate of the above named candidate to league officials if deemed necessary.

Please indicate any physical/psychological limitations (allergies, hearing, vision, etc)

Please print parents' names _____ Date _____

Signature of Parent or Legal Guardian _____

