



MUSKEGO WARRIORS YOUTH BASEBALL

Muskego Warriors Select Baseball REGISTRATION FORM

PLEASE PRINT CLEARLY!!

**\$200 Non-Refundable deposit required within 1 week of accepting a position on the team
Muskego / Norway School District Members or Muskego Residents Only**

TEAM: U14 U13 U12 U11 U10 U09

Player's Name _____ **Current Grade** _____

Address _____ **Birthdate** ____/____/____

City _____ **Zip Code** _____ **Phone #** _____

Father's Name _____ **Mother's Name** _____

I would be willing to helping this program by:

Obtaining a sponsor (Name / Phone) _____

Coaching (Name / Phone / E-Mail Address) _____

- I/We, the parent(s) of a candidate for a position on a Muskego Warrior's Team, hereby give my/our approval to his/her participation to any and all activities
- I/We assume all risks and hazards incidental to such participation including transportation to and from activities, and I/We do hereby waive, release, absolve, indemnify and agree to hold harmless the Muskego Warriors., its organizers, sponsors, supervisors, participants and persons transporting my/our child, except to the extent and in the amount covered by liability insurance.
- I/We understand that medical insurance will not be provided by the Muskego Warriors.
- I/We will furnish a certified birth certificate and/or current school report card of the candidate upon request of the Muskego Warriors board of directors.
- I/We agree to return equipment issued to my/our child in as good of condition as when received, except for normal wear and tear.
- I/We give the Muskego Warriors permission to post unidentified images of my/our child on its website. I understand that my child's image may appear in informational game pictures that will be posted on t he Muskego Warriors website.

NOTE: As stated at the tryouts, do to the time commitment required, players on any of the Muskego Warriors Teams should not play on any other team

Parents Signature _____ **Date** _____