

The Mike Wills School of Baseball and Softball

To register: Please fill out the Player Information Sheet and Release of Liability. If paying online print out, sign, and bring to event. Otherwise print out, sign and send payment to:

**22018 Broadway
Sonoma CA, 95476**

Player Information Sheet and Release of Liability

Last Name:		First Name:	
Players Age:		Birth date:	
Address:		City, State, Zip:	
Phone:		Mothers Name	
Father's Name:		Work Phone:	
E-mail address:		Cell Phone:	
Camp Date:			
List any medical problems player has:			
Person to notify in case of emergency:			
Phone:			
Insurance Information:			
Insurance coverage:			
Doctor to notify in case of emergency: Phone:			

Release: I, the parent or legal guardian of the registrant, agree that the registrant and I will abide by the rules of The Mike Wills School of Baseball and Softball, camps and clinics, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball and its consideration for The Mike Wills School of Baseball and Softball, Accepting the registrant for its programs and activities (the programs), I hereby release, discharge and/or otherwise indemnify The Mike Wills School of Baseball and Softball, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claim by or on behalf of the registrant's participation in the programs.

Name: (Please Print)

_____ Date _____

Signature: _____