BUTLERVILLE ATHLETIC ASSOCIATION

PLAYERS NAME _____
First **Middle** **Last**

Activity: _____ **baseball** _____**softball** _____**basketball (girls)** _____**basketball (boys)**
Current Grade: _____ **Male** _____ **Female**_____ **Date of Birth** ___/____/_____

Elementary School District: _____

Coach last year, if applicable: _____

Parents Name(s): _____ _____

Address (childs): _____

City/State/Zip: _____

Phone number(s): _____ **cell/home/work** _____**cell/home/work**

Email(s): _____

To the best of my knowledge, my child is physically fit and able to participate in the sport for which he/she has registered. I agree to furnish a doctors statement if requested by the BAA. I understand that as the parent/guardian I bear responsibility for my child's condition.

_____ _____
Parent Signature **Date**

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We the parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

_____ _____
parent or guardian **phone**

_____ _____
secondary emergency contact **phone**

Does your child have any allergies or require special medication?
Yes_____No_____Explain_____

We hereby agree that the Butlerville Athletic Association, its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of BAA. And we agree to indemnify and to hold harmless BAA, its members, coaches, officers or designates of any kind from any claim whatsoever.

_____ _____
parent or guardian **date**

As a parent member of the BAA I will be able to assist in the following areas:
Coach _____Concessions_____Field Maintenance_____Sponsor_____Umpire_____

Received of _____ for _____ on _____

BAA Signature _____ Date _____ Cash_____ or Check #_____

IT'S ALL ABOUT THE KIDS!!!