

# Village of Milan Recreation

## T-Ball Registration form 2019

\*\*\*\*\*PLEASE READ FORM THOROUGHLY AND FILL IN ALL THE BLANKS\*\*\*\*\*

**PLEASE PRINT**

Childs Name: \_\_\_\_\_

Parents Name: \_\_\_\_\_

Phone# \_\_\_\_\_ Phone# \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor: \_\_\_\_\_ Insurance: \_\_\_\_\_

Please list any health factors which you child has, such as Asthma, Heart Conditions, Epilepsy, Diabetes, Allergic Reaction to anything.

\_\_\_\_\_  
\_\_\_\_\_

### **WAIVER FOR PARTICIPATION**

In consideration of acceptance of this contract and permission to participate in T-Ball for the current year of 2019. I hereby, for myself, my heirs, executors, and administrator, waive and release any and all rights and claims for damages I may have against the Milan Recreation program, and all member association for any and all injuries suffered in any recreation program or practice. Upon signing this registration form I also agree to all the rules of the Milan Recreation Department. I also agree to return all uniforms and equipment issued by the Milan Recreation Department.

\_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature