

## 2016 Norristown Little League

PLAYERS NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (as of 4/30/2015) \_\_\_\_\_

PARENT NAME: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

E-MAIL \_\_\_\_\_

UNIFORM SIZE (circle): YS    YM    YL    AS    AM    AL    AXL

I AM ABLE TO VOLUNTEER AS (Check):

Head Coach      Assistant Coach      Snack Bar      Umpire

VOLUNTEER NAME: \_\_\_\_\_

VOLUNTEER E-MAIL: \_\_\_\_\_

I, the undersigned, here by release, absolve, indemnify and hold harmless the Norristown Municipality, Norristown Officials, the Recreation Supervisor, his staff any or all of them of an injury sustained or caused by my son \_\_\_\_\_, of his participation in the Pennsylvania Connie Mack Baseball program. I hereby waive all claims against the sponsors of Norristown Recreation Baseball program, the Recreation Supervisor or any instructor, coach or assistants by them.

\_\_\_\_\_

Parents Signature

\_\_\_\_\_

Date