

Inwood Little League Player Release Form for BCC Clinic

Players Information:

Player's Name: _____ Birth Date: _____

Address: _____

School: _____ Grade: _____

Age: _____ HT: _____ WT: _____

Primary Position: _____ Secondary Position: _____ Bats: _____ Throws: _____

Note: All Participants must read and sign this form before participating in Inwood-Manhattan Baseball Showcase Baseball events.

I hereby waive, release and agree to hold harmless Inwood-Manhattan Little League Inc, all affiliated partners, sponsors, officers, managers, coaches, participants, and other volunteers from any and all injuries or damages incurred by the Player in connection with Inwood-Manhattan Little League, Inc. events, including but not limited to the sole or concurrent negligence on the part of party or parties to whom this release is directed. I also authorize Inwood-Manhattan Little League, Inc. officials to obtain the necessary treatment for players listed below in case of a medical emergency.

For Parents/Guardians of Participants under 18 yrs of age:

Player Name: _____

Parent Name: _____

Telephone: _____

Parent Signature: _____ Date: _____