NORTHVILLE BASEBALL SOFTBALL ASSOCIATION
2009 WAIVER FORM

Name: _____ _____ _____
(First) (Last) (Name player goes by)

Address: _____ _____ _____
(Street Address) (City) (Zip)

Parents Names: _____ _____
(Mom) (Dad)

Phone: Home: _____

Work: _____

Cell: _____

Birth Date: _____-_____-_____ School: _____ Grade: _____

LIABILITY WAIVER AND MEDICAL-COVERAGE ACKNOWLEDGEMENT

I certify that it is with my full knowledge and consent that my above named child may take part in the Northville Baseball Softball Association program.

I release and hold harmless, on behalf of my child, myself and our representatives, the City of Northville, the Township of Northville, the Northville Parks and Recreation Department, the Northville Public Schools, the Northville Baseball Softball Association, its directors, its officers, its commissioners, its coaches and its umpires from liability for injuries or damages which my child may sustain while participating in this activity, even if the injuries are caused by the sole negligence of the City of Northville, the Township of Northville, the Northville Parks and Recreation Department, the Northville Public Schools, the Northville Baseball Softball Association, its directors, its officers, its commissioners, its coaches and its umpires.

I understand that I am responsible for providing medical coverage for my child.

Parent/Guardian Signature: _____

Parent/Guardian (please print): _____

Date: _____