NORTHVILLE BASEBALL SOFTBALL ASSOCIATION
2010 14U BRONCO/MUSTANG PLAYER INFORMATION SHEET

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

Parents Names: _____ _____
(Mom) (Dad)

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

Home Phone: _____ Work/Cell: _____

Home E-mail: _____ Work E-Mail: _____

Birth Date: _____ School: _____ Grade: _____

Position(s) Played: _____

Baseball Experience:

Year	Team	Positions
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any potential family, summer or other sport conflicts? Please explain:

_____

_____

Parent(s) would be willing to help team with the following:

_____

_____

Any Additional comments that the coaches should know:

_____

_____

Thank You for your interest in Northville Baseball!

Northville Baseball Softball Association
Waiver Form

Name: _____ _____
(First) (Last)

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: _____