

Badges for Baseball Registration Form

Name: _____ Grade: _____

Address: _____

City: _____ Phone #: _____

School: _____

I'd like to participate in (please circle one) **Neenah** or **Menasha**

T-shirt size (Adult): (please circle one) **S M L XL**

I give permission for _____ to participate in the Badges for Baseball program. I will not hold the Cal Ripkin, Sr. Foundation, Youth Go, Inc., staff members or any of its representatives liable for any accident or injury. I understand that if my son/daughter violates any of the rules, I will be informed and expected to make any arrangements necessary for his/her immediate return home.

Special Health Problems: _____

Insurance Company: _____ Policy #'s: _____

Family Physician: _____ Phone #: _____

If parent cannot be reached, who else is authorized to make decisions about medical treatment:

Name: _____ Phone #: _____

Name: _____ Phone #: _____

I hereby authorize the treatment, administration of anesthesia, and surgical treatment(s) for my minor child, _____, (name of child) in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office. I understand that any bills as a result of medical treatment are the responsibility of my family and/or my insurance company.

signature of parent or guardian print name (parent's name) date

home phone number work phone number cell phone number

Please return this form to Youth Go by June 1, 2017