

# ***Youth Go Baseball Registration Form***

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Phone #: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth\*: \_\_\_\_\_ Race\*: \_\_\_\_\_ Gender\*: \_\_\_\_\_

*\*This is for demographic purposes only, this information is not shared with anyone*

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

**T-Shirt size (adult) \_\_\_\_\_**

I give permission for \_\_\_\_\_ to participate in Youth Go's Baseball program and receive transportation through Youth Go. I will not hold Youth Go, Inc., staff members or any of its volunteers liable for any accident, injury, or illness. 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

\_\_\_\_\_  
email address

**\*Please return to Youth Go by Monday, June 8<sup>th</sup>\***