



THE JUNIOR MARINERS PROGRAM

2010 REGISTRATION FORM



Jr. Mariner's Name: _____ Date of Birth: _____

Address: _____ City: _____

School: _____ Grade: _____

Last Year's DEGSB Team: _____ Senior Mariner Request(s): _____

T-shirt size: (circle one) YXS YS YM YL AS AM AL XL XXL

Please provide contact information for parents or guardians. If phone is a cell, please provide the service provider's name in order to receive automated text messages.

Name : _____ Relationship: _____ Phone 1: _____

Phone 2 : _____ Email Address 1: _____ Email 2: _____

Name : _____ Relationship: _____ Phone 1: _____

Phone 2 : _____ Email Address 1: _____ Email 2: _____

RELEASE OF LIABILITY: I DO HEREBY AND FOREVER DISCHARGE THE PARTICIPANTS, INSTRUCTORS, LEAGUE OFFICERS, COACHES, STAFF, AND ADMINISTRATION OF THE ECHS ATHLETIC DEPARTMENT AND THE DOWN EAST GIRLS' SOFTBALL LEAGUE FROM ANY AND ALL ACTIONS, CLAIMS, AND DEMANDS, LOSS OR INJURY WHICH HEREAFTER MAY BE SUSTAINED BY ME OR MY CHILD IN CONSEQUENCE OF PARTICIPATION BY SAID PERSON IN THIS ATHLETIC PROGRAM.

CONSENT FOR TREATMENT

IN CASE OF AN ACCIDENT OR ILLNESS, I HEREBY AUTHORIZE A REPRESENTATIVE OF BABE RUTH LEAGUE, INC. or CARTERET COUNTY PUBLIC SCHOOLS TO USE HIS/HER JUDGMENT IN OBTAINING IMMEDIATE MEDICAL CARE.

Family Physician: _____ **Phone:** _____

List Any Allergies: _____ Required Meds: _____

League Accident Insurance Co: K & K Insurance Group # _____

PARENTS WILL BE NOTIFIED IN CASE OF SERIOUS ILLNESS OR INJURY AS QUICKLY AS THEY CAN BE REACHED, BUT THIS WILL MAKE IMMEDIATE TREATMENT POSSIBLE.

Permission is hereby granted for my child, _____, to participate in the 2010 Junior Mariners Program.

Parent Signature

Date

For official use only:

Fee Paid \$20.00 Cash _____ Check # _____ Received By: _____

Date Received: _____ Senior Mariner: _____