

COMPLETE PERFORMANCE BASEBALL ACADEMY

PLAYER INFORMATION SHEET STATEMENT OF RISK

All players must complete this form in its entirety prior to participating in any activity.

Player's name _____

Mailing Address: _____

Player's age: _____ Birthdate: _____ Positions Played: _____

Email contact: _____

Mother's Name and cell # _____

Father's Name and cell # _____

Emergency Contact # _____

Allergies: _____

Any medical conditions or concerns that the coaching staff should be aware of: _____

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The following must be completed and signed prior to any participation in any activity.

STATEMENT OF RISK / HOLD HARMLESS AGREEMENT

We (Parents/Guardians of _____) are aware that all athletic activity involves potential for injury. We acknowledge that even with the best coaching, use of good protective equipment and strict observance of rules, injuries are still a possibility and on a rare occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. We acknowledge that we have read and understand this warning. By signing this agreement, I/we agree to release, indemnify, and hold harmless Complete Performance Baseball Academy, as well as all its employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my participation in, attendance at, any and all personal, group, team training, practices, camps, games, and lessons.

Parent / Guardian printed name and relation to player: _____

Parent/Guardian Signature: _____

Date _____