



Brielle Recreation's Activities and Release Form

(Please Print Clearly) 1 Form for Each Child Participating

Event: Biddy Baseball

Date of Event: Sundays in Spring 2017

Child must be age 5 by Sept 30, 2017. No Exceptions! (Pre-K and K) M F

Parent/Guardian's Name: _____

Child: _____ Age ____ Grade _____

Address: _____

Shirt Size: CS CM CL AS AM AL

Cell Number: _____ E-mail Address: _____

Alternate Emergency Contact: _____ Cell #: _____

Coach _____ **Asst. Coach** _____

Cost of Event per person: \$25 per person, (includes hat and tee shirt)

Payment: Check: _____ # _____ Cash: _____

Injuries are inherent to sports: therefore, in the event of an injury, I/we hereby release the Brielle Recreation Program and the Borough of Brielle, its officers and volunteers, as well as sponsors from all liability. I also understand that primary medical insurance is my responsibility if there is an injury. I/we hereby give permission for any medical attention necessary to my child in the event of an accident, injury, or sickness, under the direction of the Brielle Recreation Program.

I/We, the Parents/Guardians of the above named child hereby give my/our approval for the said child to participate in any and all activities of the Brielle Recreation Program. I/We assume all risks and hazards incidental to such participation. I/we do hereby waive, release absolve, indemnify and agree to hold harmless the Brielle Recreation Department, the organizers, supervisors, coaches, participants and the Borough of Brielle from claims for accidents or illnesses arising from participation in the program.

As the lawful parent/guardian of the above child, I have read, completed and understood this form.

Parent/Guardian

Signature _____