

Yucaipa Baseball
YOUTH PLAYER REGISTRATION & MEDICAL RELEASE

Name of Player: _____

Grade / School: _____

Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Parent | Guardian: _____

Phone: _____

Email: _____

Emergency Contact & Telephone: _____

Medical Information (i.e. food allergies, asthma, etc): _____

PARENTAL WAIVER & CONSENT

I do hereby approve my child's participation in the Yucaipa High School Baseball Camp, named:

I certify that my child is in good health and able to participate with no limitations. In the event that a medical emergency occurs and I am not on the premises or cannot be contacted, I give permission to secure medical attention. Also, I do hereby release Yucaipa HS Baseball, YHS, Coach Ralph Grajeda and all of the clinic instructors of all liabilities due to an injury of illness.

Date / Parent Signature:
