

EBA Performance Training Sessions Registration

www.ephratabaseball.org

Player Information

Name:	Phone:	
DOB:	Sex (M or F) :	
Address:	City :	
State: PA	Zip Code: 17522	
Emergency contact name & number (<i>Other than a parent</i>):		
Insurance Carrier:	Group #:	Hospital Preference:
AGE: (>12) 12 13 14		

Parents

Father/Guardian Name:	Mother/Guardian Name:
Cell Phone:	Cell Phone:
E-mail:	E-mail:

Agreements

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

I give my permission for the above-named candidate to participate in baseball with Ephrata Baseball Association, Ephrata Area Little League, Ephrata Premier Baseball League, or Norlanco Premier Baseball Association. I understand that participation in baseball may result in serious injury and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless Ephrata Baseball Association, EBA Academy, Ephrata Area Little League, Ephrata Premier Baseball League, Norlanco Premier Baseball Association, Little League Baseball Inc., the organizers, sponsors, supervisors, participants, coaches, instructors, and persons transporting my child to and from activities for any claim arising out of any injury to my child whether the result of negligence or for any cause, except to the extent and in the amount covered by accident or liability insurance.

I Agree _____

CONCUSSION RELEASE FORM

I acknowledge I have read the concussion release form and agree to abide by its contents:

[Concussion Release Form](#)

I Agree _____

Parents Signature

Date
