



2015 CRYSTAL LAKE CARDINALS
Player Registration, Medical Release and Waiver of Liability

Please read carefully the below recommendations, medical release and waiver of liability prior to signing. Note that this Registration must be updated annually and must be turned in to your coach prior to participation in any of the Crystal Lake Cardinals official events. A copy of your birth certificate must be stapled and submitted with this form.

TEAM: 13 Blue 13 White 14 Blue 14 White 15 16 17 18
 (Circle One)

PLAYER _____	HT _____ WT _____	Player PHONE (____) _____
ADDRESS _____	ZIP _____	Player BIRTH DATE _____
FATHER _____	WORK PHONE (____) _____	MOTHER _____
		MOTHER WORK # (____) _____

EMAIL ADDRESS (please print clearly): _____

EMERGENCY CONTACT (OTHER THAN PARENTS)		
NAME _____	PHONE (____) _____	DOCTOR _____
HOSPITAL PREFERENCE _____		PHONE (____) _____
PHYSICAL RESTRICTIONS _____		ALLERGIES _____
PAST INJURIES _____		OTHERS _____

The Crystal Lake Cardinals recommends that each player have a complete physical examination prior to participating in any strenuous activity, such as baseball.

Medical Release

I, _____, give my permission as parent or legal guardian of _____ (age _____) to the Crystal Lake Cardinals coaches, managers, or board members to act on my behalf in an emergency dealing with the health and welfare of my son and to obtain emergency treatment for him by a licensed physician and/or medical institution and their official representatives in the event that I can not be reached.

Waiver of Liability

“I also understand that participation in all activities of the Crystal Lake Cardinals carries certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss which may be sustained by me, my family or child as a result of participation in any activities connected with the Crystal Lake Cardinals.”

“I further agree to indemnify, hold harmless and defend the Crystal Lake Cardinals, the Crystal Lake Park District, Crystal Lake High School District 155, and all of the officers, coaches and agents from any and all claims resulting from injuries, including death, damages, and losses sustained by me, my family or my child and ensuing out of, connected with, or in any way associated with the activities of the Crystal Lake Cardinals. “

Signature of Parent or Guardian

Date