

TULSA KIDS BASEBALL PLAYER CONTRACT

(REVISED 1/10/11)

Player Information

Name (Last) _____ (First) _____ (Middle) _____

Home Address _____ City/State _____ Zip _____

Date of Birth _____ Age _____ Home Phone # _____

School Attends _____ Current Grade in School _____

TKB Team (School) played with last year _____

Parent &/or Legal Guardian Contact Information Name _____

Home Address _____ Zip _____ Phone _____ (H / C / W)

E-mail address _____

Person to notify in an emergency _____ Phone # _____

Doctor to notify in an emergency _____ Phone # _____

I, the undersigned, his/her parent or guardian agree to allow the applicant to participate in the Tulsa Kids baseball program and to abide by its rules and regulations as set forth in its official rule book. I further understand that this contract expires at the end of the current year's City-Wide Tournament. I certify that the information on this contract is correct.

I understand that the above named player cannot participate in another team's league games while playing for the team assigned by Tulsa Kids Baseball.

I understand that Players who were born after 9/1/2005 may be allowed to participate in league play, but they will not be allowed to play in the 2011 TKB City Wide Championships.

Consent for Medical Treatment

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under any conditions that are necessary to preserve the life, limb or well-being of my child or ward.

Release of Liability

My signature below acknowledges that I am aware that participation in sports activities exposes my child or ward to the risk of physical injury by the nature of the sport. This being considered, I do release and exonerate Tulsa County, the Board of County Commissioners, their agents and employees, the City of Tulsa, the Tulsa City Commissioners, their agents, registered agents and employees, the Board of Tulsa Kids baseball and their designated representatives from any and all liability as a result of injury associated with participation in this sports activity.

Signature of parent or guardian _____ Date _____

Please indicate in what way(s) you are willing to participate by checking one or more:

I will coach a team
 I will assist a coach

I will assist with transportation
 I will be a scorekeeper

OFFICIAL USE ONLY

Player fees received _____

Verified Birth Certificate _____

Classification _____

Team Assigned _____