



**2007 BCS Florida Region TEAM INFORMATION/MEDICAL INFO/RELEASE FORM**

Team Name: \_\_\_\_\_ Age Division: (Circle One) 13U 14U 15U 16U 17U 18U

Organization Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax #: \_\_\_\_\_

Team Manager Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax #: \_\_\_\_\_ Number of Participants \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Emergency Contact Ph.# \_\_\_\_\_

Any participant currently taking medication? Yes or No If yes, what is/are the medication? \_\_\_\_\_ How often? \_\_\_\_\_

What is the purpose of this medication? \_\_\_\_\_ Any allergies we should be aware of? \_\_\_\_\_

**Do any participants have physical limitations, special circumstances, or other information we should be aware of?**

I I expressly represent to Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series that my team is in good health and physically capable of participating in any and all activities sponsored and associated with Perfect Game, Inc. Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series. I hereby waive and release the right to authorize and give consent for the delivery of medical care/treatment, or whatsoever kind and nature to my team. I understand that Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series, its staff members, associates, workers, and anyone associated with Perfect Game, Inc and the Baseball Championship Series is harmless and release them from any and all liability for injury as a result of my team's participation in any activity sponsored by Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series. This release of liability by me is based upon the recognition that sport activity of any kind or nature clearly involves the risk of injury or hazards to the participants and spectators and I acknowledge that my team and I assume such risks when we participate in activities sponsored by Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series. I, as team manager, assume any and all liability during the duration of the tournament. Any damages incurred by myself or my team at the playing site or hotels where we will be staying will be the sole responsibility of my players and myself. It is understood that once I sign this agreement and make payment there will be no refund for any reason. By signing this agreement, I, the coaches, the team players and parents agree to abide by all the above, and also agree to give Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series the right to talk to or release information to any or all college programs, Major League teams/scouts, and to put each profile/information on the internet or in Perfect Game, Inc, Baseball Media LLC and the World Wood Bat Association and Baseball Championship Series literature.

**You must sign below certifying that the above information has been read, complied with, and agreed to.**

Manager signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment Due by February 1, 2007**

Entry Amount: \$ \_\_\_\_\_ 13u- \$500 14u- \$500 15u- \$600 16u- \$600 17u- \$700 18u- \$700

Payment Method (Circle One): Visa / Master Card / Discover / American Express / Check / Money Order

Cardholder Name: \_\_\_\_\_ Card#: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 Digits on Back \_\_\_\_\_ Cardholder Signature: \_\_\_\_\_

Team Certificate of insurance is attached or has been faxed or sent in.

Please mail or fax to Perfect Game. Your team will not be allowed to participate in the tournament if this form is not received!

Perfect Game- 1203 Rockford Rd. SW Cedar Rapids, IA 52404 Phone: 319-298-2924 Fax 319-298-2924