



**ONE FORM PER CHILD – PLEASE PRINT**

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Family Name \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_  
(Street, town, zip)

CHILD'S LAST NAME	CHILD'S FIRST NAME	M/F	DATE OF BIRTH	AGE

**TEAM NAME IF YOUR CHILD PARTICIPATED LAST YEAR** \_\_\_\_\_

Mother's Name \_\_\_\_\_

Father's Name \_\_\_\_\_

Guardian's name (if applies) \_\_\_\_\_

Does your child have any disorder that would prevent him/her from participating in any physical exercise (yes/no) \_\_\_\_ Explain if yes:

  
  

Does your child suffer from any food allergies (yes/no) \_\_\_\_ Explain if yes:

I/WE THE PARENT(S) OF THE ABOVE MENTIONED CANDIDATE FOR A POSITION ON A T-BALL TEAM, HEREBY GIVE MY/OUR APPROVAL TO PARTICIPATE IN ANY AND ALL T-BALL ACTIVITIES.

I/WE KNOW THAT THE PARTICIPATION IN THIS RECREATIONAL PROGRAM MAY RESULT IN SERIOUS INJURIES AND ANY PROTECTIVE EQUIPMENT DOES NOT PREVENT ALL INJURIES TO PARTICIPANTS, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE BOROUGH OF LANSDALE, ITS AGENTS, AND EMPLOYEES AND ANY ORGANIZERS, SPONSORS, PARTICIPANTS FOR ANY CLAIM ARISING OUT OF ANY INJURY TO MY/OUR CHILD WHETHER THE RESULT OF NEGLIGENCE OR FOR ANY CAUSE, EXCEPT TO THE EXTENT AND IN THE AMOUNT COVERED BY ACCIDENT OR LIABILITY INSURANCE.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**The success of this program depends upon parents willing to volunteer their time in the capacity of head coach or assistant coach. If you are able to lend your support in either of these positions, please check the appropriate box:**

HEAD COACH     ASSISTANT COACH    NAME \_\_\_\_\_

Please note that all volunteers are required to complete the "PENNSYLVANIA CHILD ABUSE HISTORY CLEARANCE" form. The department will pay for and forward all forms to the state.

OFFICE USE

**FEE - \$35 (BOROUGH Resident) \$80 (Non-Resident)  CASH     CHECK     VISA/MC**