



2019 GHS Baseball Parents Night Out
FRIDAY, SEPTEMBER 20th
3rd-5th & 6th -8th GRADE ONLY

FOR OFFICIAL USE ONLY

AMOUNT PD.	
CHECK #	CASH BY

REGISTRATION IS \$40.00 Checks to: Granbury High School Baseball Booster Club

PLAYER LAST NAME _____ **FIRST NAME** (or name child goes by) _____

_____ [] _____
PLAYER DATE OF BIRTH _____ **PLAYER GRADE** _____ **PLAYER SCHOOL** _____

FATHER'S NAME _____ **MOTHER'S NAME** _____ **GUARDIAN** _____

EMAIL ADDRESS _____ **PHONE#1** _____ **PHONE#2 (ALTERNATE CONTACT)** _____

SPECIAL INFORMATION Use this section to make the Coaches aware of any special circumstances or information you feel would be helpful.

RELEASE AND CONSENT FOR MEDICAL TREATMENT and PARENT'S PLEDGE

I, the parent or guardian of the above-listed player, a minor, **AGREE** that we will abide by the rules of the Granbury Baseball Booster Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with baseball programs and activities, I hereby release, discharge, and/or otherwise indemnify board members, sponsors, their employees, and associated personnel, including the owners of fields used for the programs, Granbury Independent School District, and the City of Granbury against any claims by or on behalf of the above-listed player as a result of any injury to my child whether the result of negligence or for any other cause through participation in the programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-listed player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of the above-listed player.

1. **I agree** to obey all of the rules and follow all safety procedures involved with this program established by the GISD and Granbury Baseball Booster Club
2. **I certify** to the best of my knowledge that my child's current physical condition is satisfactory for participation in the Baseball camp and that my child is free of any health problems that would endanger his/her participation or that of any other child in the program. I will inform the coaches should his/her condition change at any time during his/her participation in this program.
3. **I AGREE to obey all the rules and follow all safety & conduct procedures involved with this camp established by GISD.**
4. **I agree** that Granbury Baseball Booster Club may photograph or videotape my child while participating in sponsored event and activities. Further, Granbury Baseball Booster Club retains the rights to use these visual images in any manner without compensation to my child or me.
5. **I am aware** of the risk associated with parking at or near baseball fields and agree to indemnify and otherwise absolve property owners or GISD of any claim arising from damage to a vehicle caused by a ball in play.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Please pick up your child no later than 11pm. You must have the RED ticket to pick up your child. Pick Up will be located at the CTE Entrance of the High School off of Howard Clements Rd.