



TOWN TEAMS

Player Info

ONE form per player

First Name

Last Name

Current Grade *

Town Team Sport *

- ☐ Baseball
- ☐ Softball

Parent Info

Parent(s) Names *

Email *

Cellphone #1 *

Cellphone #2 (optional)

Would you be willing to coach this child's team? *

- ☐ Yes
- ☐ No

If YES, which parent would be helping?

☐

I certify that the above named ball player has my permission to participate in Warrior Town Team. I hereby accept full responsibility for his/her behavior, participation, and insurance coverage. I hereby release all claims of loss and damages against the Warrior Town Team Board and the Central Community School District. If my child needs medical attention, it is my wish that the treatment begins while efforts are made to contact me. I hereby consent to any medical procedures that physicians believe are needed, with the understanding that efforts will continue to be made to contact me.

Return form to elementary office.

Signature