



# Girls at Bat

## Contact Information

Participants Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Youth T-shirt size, please circle one: XS  S  M  L  XL

Parent/Guardian Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Pick up Authorization

The following individual(s) are authorized to pick up \_\_\_\_\_  
(Participant's name)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Medication Information

Medical Conditions/Allergies: \_\_\_\_\_

\_\_\_\_\_

Description of reactions or symptoms: \_\_\_\_\_

\_\_\_\_\_

Other medical, behavioral or physical conditions that would aid our staff/volunteers in working with your child:

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Health Card: \_\_\_\_\_

Phone: \_\_\_\_\_ Expiry Date: \_\_\_\_\_



## Girls at Bat Waiver & Consent Form

Participants Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Photo and Video Release: A Picture is worth a thousand words!** During the Girls at Bat program, photos or videos may be taken for media or marketing purposes. Please indicate whether or not you grant permission for photos and videos of your child to be taken and used for media/marketing purposes during this program.

- I give permission for my child's photo to be taken. **Initial:** \_\_\_\_\_
- I give permission for my child to be recorded on video. **Initial:** \_\_\_\_\_
- I do not give permission for my child's photo or video to be taken during the program.

**Elements of Risk:** Children will be participating in physical activities such as running, sports, and games, which contain certain elements of risk; such as scrapes, falls and bruises. While participating in these activities, accidents may occur, resulting in injury to your child. By allowing your child to participate in Girls at Bat, organized by the Town of Amherst, you are assuming the risk for any accident involving your child or any injury incurred by your child. The Town of Amherst does not provide any accidental death, disability, dismemberment or medical expenses insurance on behalf of the children or adults participating in these events.

**Acknowledgement:** I have read all of the above and verify all information on the form is correct. I understand that by participating in Girls at Bat activities, I am assuming the risk associated with doing so.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(By adding your name to this line, it will be considered a signature)