



Buckeye Central Baseball

BUCKEYE CENTRAL YOUTH BASEBALL CLINIC

WAIVER AND RELEASE

I/We, as parents and/or legal guardians of _____, do hereby request that my child be admitted to the Buckeye Central youth baseball clinic. I/We agree to waive all liability of the coaching and training staff for any accident, injury, illness or other mishap, which might befall the above named participant while traveling to or from or during attendance at the clinic. Further, I/We hereby grant permission to the staff of Buckeye Central High School to act for me according to their best judgment in any emergency if I cannot be contacted. Also I/We warrant that the child is physically fit to participate in all activities.

Parent/Guardian signature

cell phone

T-SHIRT SIZE (PLEASE CIRCLE)

YOUTH S M L

ADULT S M L XL XXL

GRADE CHILD IS CURRENTLY IN: 1 2 3 4 5 6 (PLEASE CIRCLE)

SCHOOL CHILD ATTENDS _____

MAIL TO:

OR

SCAN AND EMAIL TO:

Chad Jensen
Head Baseball Coach
Buckeye Central High School
938 S. Kibler St.
New Washington, OH 44854

cjensen@bcbucks.org

FORMS AND MONEY CAN ALSO BE TURNED IN TO THE BUCKEYE CENTRAL HIGH SCHOOL OFFICE.

IF CHILD IS **PRE-REGISTERED** BY PHONE OR E-MAIL, FORMS AND MONEY CAN BE TURNED IN DAY OF CLINIC.

www.buckeyecentralbaseball.com

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