

Franklin High Baseball

Registration Form

Player's Name:

Address:

Parents Name:

Parents Email:

Parents Phone:

Emergency Contact Name & Phone:

T-shirt size: Youth S M L or Adult S M L XL

Authorization of Medical Treatment and Release Liability

The Parents or Guardian of _____
Do hereby release and discharge Franklin High School and Franklin High School Baseball Team, agents, officials, players and guest instructors from any and all personal injury as well as property damage arising from applicant's participation in the Franklin HS Baseball camp. The undersigned understands that the applicant will be engaging in physical activities that contains inherent risk of injury. I hereby grant permission to the Franklin HS Baseball Team to request emergency treatment or care as needed to insure the well being of camper.

Parent/Guardian signature _____

Date _____

Mail to: 126 Wilshire Drive Franklin, Tn. or bring on the 1st day of camp.