

Owatonna VFW - Legion Baseball

(Return this entire page with registration)

PLAYER INFO

First Name: _____ Last Name: _____

Address: _____ Cell Phone #: _____

City/State/Zip Code: _____

Birth date: _____

Parent/Guardian: Please Read the following and sign below.

I, the parent/guardian of the player named above, hereby grant permission, in case of injury, for our son/daughter to be given emergency first aid, at the Owatonna hospital or nearest medical facility. I further approve of our son/daughter's participation in this Youth Baseball activity, assume all responsibility and liability involved and agree to hold free from any and all liability the City of Owatonna and its employees, any Owatonna Private, Public, or Parochial School System, and the Huskies Bullpen Club, its officers, directors, supervisors, managers, coaches, volunteers, or representatives. I understand that the Huskies Bullpen Club carries or provides no insurance of any kind.

Mother's Name _____

Father's Name _____

Cell Ph _____

Cell Ph _____

E-mail _____

E-mail _____

Emergency Contact (if different): _____

Phone: _____

Signature: _____

Date: _____

VFW-Legion

_____ VFW 9 & 10 = \$400

_____ Legion \$400

**Checks will NOT be cashed
until the last week of May.**

**VFW Checks should be made
to Owatonna VFW.**

**Legion Checks should be
made to the Huskies Bullpen
Club.**