

Penn Gardens Lions Baseball Registration

Player's Name: _____

Desired Play level : (Circle) TBALL Rookies Minors Majors

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

E-mail: _____

Birthdate: _____ **Age on April 31, 2020:** _____

Emergency Contact: Name _____

Relation _____ **Phone** _____

Having been informed by the Penn Gardens Lions Baseball Association to provide supervised baseball games for the youth of Lower Paxton Township, I or we, the parent, or parents, or guardian of the above, do hereby give my, or our approval to his/her participation in any or all activities during the current season. I or we, do assume all the risks and hazards incidental to the conduct of the activities, transportation if necessary to and from the activities, and I, or we, do further hereby release, absolve, indemnify and hold harmless, PG Baseball, the organizers, sponsors, coaches and supervisors, any or all of them, but only to the extent not covered by liability or other insurance. In case of injury to my child or children, I or we, hereby waive all claims against the organizers, sponsors, coaches, or any of the supervisors appointed by them. I or we, likewise release from responsibility any person transporting my, or our child or children to or from the activities to the extent not covered by liability or other insurance.

I, the parent/guardian of the above named player, do hereby agree to use our medical and surgical and hospitalization insurance in all instances of injury to our child or children as primary coverage. I understand that PG does carry excess insurance, up to the limits of its policy on our child or children, but that insurance will only be used for payment if they are in excess of the allowable amounts payable under the policies carried by us, the parents, or guardians.

Name (print): _____

Signature: _____ **Date:** _____

Make check payable to PG Baseball and mail or hand deliver to:

PG Baseball – Attn: Seth Raffensperger, 112 Northwood Dr. Harrisburg, PA 17109

Registration Fees-

First Child	- \$85
Add'l Child	- \$65
Family Max	-\$200

