



SOUTH LYON JUNIOR LEAGUE
 P.O. BOX 455
 SOUTH LYON, MI 48178-0455

Email: registrar@sljl.org
 Website: www.sljl.org



**2018 TRAVEL BASEBALL / SOFTBALL
 WAIVER OF LIABILITY**

Information requested **MUST** be filled out completely. ***PLEASE PRINT***

Divisional Tryout for (circle one): 8U 9U 10U 11U 12U 13U 14U 15U 16U 18U		
Participant Name _____	Date of Birth _____	Age as of 5/1/18 _____
Complete Address _____	() Phone Number _____	
Parents/Guardians _____	e-mail address _____	

WAIVER OF LIABILITY

My child is in good physical condition and has no serious illness. I understand that baseball and softball are physical sports which may result in injury. I hereby authorize the officials associated with my child's tryout to secure any emergency medical treatment for my child that they feel is necessary as a result of my child's participation in the South Lyon Junior League. I hereby waive any and all rights and claims for damages arising from injuries received while my child is participating in these tryouts. I also hold harmless the South Lyon Junior League, its parent organization, its Board of Directors, officials and trustees, any coaches or assistant coaches for any injury incidental to team activities. I attest to the factual accuracy of this registration and signature below signifies that parent/guardian is in agreement with the Waiver of Liability.

Signature: _____ Relationship: _____ Date: _____
 (Parent/Guardian only)