

MAGDALENO

BASEBALL SCHOOL

REGISTRATION

Come and experience baseball the Magdaleno way.

Player Information

Players Name _____

Date of birth _____

Address _____

Zip code _____

Parent/Guardian _____

Cell Phone _____

E-mail Address _____

Alt. Phone _____

Authorization for Consent to Medical Treatment and Release of Liability

I hereby confirm my child is in good health, and know of no medical reason why he/she cannot participate in any activities and I authorize Magdaleno School of Baseball staff to act for me according to their best judgment in any emergency requiring medical attention. This authorization is pursuant to the provisions of Section 25.8 of the California Civil Code. I hereby release, relieve, and discharge the Magdaleno School of Baseball and their employees, agents, servants, or invitees from any and all claims, cause of actions, and liability arising in any way out of any injury to the participant, or his/her personal property by theft, damage, or otherwise during the time of the current activity.

Parent/Guardian signature _____

Date _____

Please check here if you don't want your players photo used on our website, fliers, advertisements or articles.

Registration \$110.00

Please circle the day and time your player will be attending:

Monday 3:30 / 4:40 Tuesday 3:30 / 4:40 Wednesday 3:30 / 4:40 Thursday 3:30 / 4:40

Friday 3:30 / 4:40 Saturday 10:00 / 11:10 / 12:20 / 1:30 / 2:40

Pay by Check. Make checks payable to:

Magdaleno School of Baseball, P.O. Box 4022, Ventura, CA 93007. Forms will not be processed with incomplete information or missing payment. Space is limited so confirmation of acceptance will be based on the date of postmark. There is a \$25 processing fee on returned checks.

Check # _____

Check Date _____

Check Amount _____

For any questions please visit www.MagdalenoBaseball.com or call Coach Mags at 805.701.5775.