

Event Registration Form (2 pages)

Participant(s) Information

Name - Player #1 _____

Age #1: ____ Birth date #1: _____ Grade #1: ____ Preferred Pos.: _____

Name - Player #2 _____

Age #2: ____ Birth date #2: _____ Grade #2: ____ Preferred Pos.: _____

Name - Player #3 _____

Age #3: ____ Birth date #3: _____ Grade #3: ____ Preferred Pos.: _____

Address: _____

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

Home phone: _____ **Cell phone:** _____

Parent Information

Mother/Guardian first and last name: _____

Father/Guardian first and last name: _____

Email Address 1: _____

Email Address 2: _____

Program # Program Name

Medical Information (please list any physical conditions/injuries for each participant - including medications currently taking):

Emergency Contact Information

Contact first and last name: _____

Relationship: _____ **Phone(s):** _____

Name of family/primary care physician: _____

Physician phone number: _____

Insurance Information

Insurance company: _____

Insurance company phone: _____

Policy subscriber's name: _____

Policy number: _____ **Group number:** _____

Waiver and Release of Liability

1. The applicant(s) are in good health and able to participate in physical activity of a vigorous program.
2. In the event of illness or injury, The Sports Barn/Hayner Brothers Baseball and Softball Academy have my permission to provide and/or seek medical attention for my child.
3. I understand and accept the condition that neither The Sports Barn nor Hayner Brothers Baseball and Softball Academy will assume any responsibility for accidents and medical and dental expenses incurred as a result of participation in any Sports Barn or Hayner Academy events.
4. I give my permission to Hayner Brothers Baseball Inc. to use pictures of my child participating in camp activities to be used for Sports Barn and Hayner Academy promotional materials.

Parent/Guardian Signature: _____

Date: _____

Method of Payment: (full payment is due with registration form)

_____ Cash

_____ Check (made payable to: The Sports Barn) Check # _____

_____ Credit Card:

_____ Master Card _____ Visa _____ Am. Exp. _____ Discover

Card #: _____ Exp. date: _____

Name on Card: _____

Signature: _____

Please send all registrations to:

Mail: The Sports Barn

130 Rt. 236 Halfmoon, NY 12065

Fax: 518 – 664-0735

E-mail (and Questions): info@haynersportsbarn.com . 518-664-4537

Sports Barn Use Only:

Amount Due: _____ Amount Paid: _____ Date: _____

Balance Due: _____ CCAP #: _____

Employee Initials: _____