

**ALBUQUERQUE BASEBALL ACADEMY
REGISTRATION / WAIVER / MEDICAL AUTHORIZATION FORM**



Participant's Name Last _____ First _____

Age _____ M / F

Parent/Guardian's Name _____ Relationship _____

City/State _____ Cell Phone _____

E-Mail Address _____

EMERGENCY AND MEDICAL INFORMATION

Emergency Contact (if different from above) _____

Relationship _____ Phone _____ Cell _____

Attending Physician _____ Phone _____

MEDICAL CONDITIONS, ALLERGIES, MEDICATIONS CURRENTLY BEING TAKEN BY CHILD

Please list any allergies, medications, or medical concerns that staff should know about, to give proper attention to your child. _____

THE ALBUQUERQUE BASEBALL ACADEMY IS NOT RESPONSIBLE FOR LOSS OR DAMAGE TO YOUR VEHICLE OR ITS CONTENTS WHILE PARKED OUTSIDE OUR FACILITY.

PARTICIPATION AUTHORIZATION (In this document **ASI** Refers to **Academy Sports, Inc;** **TEAF** Refers to **Touch-em-All Foundation;** **ABACA** Refers to **Albuquerque Baseball Academy Coaches Association**)

I hereby give my consent for myself &/or my child to participate in all activities being conducted by ASI, TEAF and ABACA and declare that I will not hold ASI, TEAF and ABACA their employees, contracted agencies, or any volunteer associates with the programs, responsible for any injuries, damage, or personal loss incurred while participating in said programs. The undersigned and the above named participant(s) are aware that the activities conducted by ASI, TEAF and ABAC both indoors and outdoors may result in serious injury and the participant(s) &/or guardian assumes all the risk in participating in such activities. I/we also agree not to hold ASI, TEAF and/or ABACA liable for any injury sustained when I or my child is being instructed/coached/trained at Albuquerque Baseball Academy or any other sports facilities.

MEDICAL AUTHORIZATION

I understand that ASI, TEAF, & ABACA its staff and all persons related directly or indirectly with Albuquerque Baseball Academy assume no financial obligation or liability; but in the case of accident or illness, I grant my authorization to secure medical treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all medical procedures necessary by the attending authorities.

Signed _____ Date _____
(Parent or Guardian if participant is under 18 years old)

Printed _____ Relationship: _____